HOTEL RESERVATION FORM

IEEE SIGNAL PROCESSING SOCIETY

1999 INTERNATIONAL CONFERENCE ON ACOUSTICS, SPEECH, AND SIGNAL PROCESSING • IEEE SIGNAL PROCESSING SOCIETY

The Civic Plaza/Hyatt Regency • Phoenix, Arizona, USA • March 15-19, 1999

Online Reservation Form is available at http://icassp99.asu.edu

Personal Information *Please fill out and mail one form per reservation, and please, PRINT CLEARLY*

First (Personal) Name ______________________ Middle ______________________
Last (Family) Name ______________________
Affiliation ______________________
Mailing Address ______________________
City / State / Zip ______________ / ______________ / ______________
Country ______________________
Phone ( ) ______________ Fax ( ) ______________
E-mail ______________________

Hotel Choices *Please return your reservation form by February 5, 1999.*

Please indicate your hotel preference below (1 = First Choice; 2 = Second Choice; 3 = Third Choice; 4 = Fourth Choice):

_____ **Hyatt Regency (Conference Host Hotel)**
($161/Single; $161/Double; $176/Triple; $191/Quad)
_____ Crowne Plaza ($142/Single; $142/Double; $162/Triple)
_____ Lexington Hotel ($103/Single; $103/Double)
_____ Ramada Inn ($91/Single; $91/Double; $101/Triple; $111/Quad)

RESERVATION REQUEST MUST BE ACCOMPANIED BY FIRST NIGHT'S DEPOSIT PLUS 10.375% TAX, OR AN ACCEPTED CREDIT CARD NUMBER AND SIGNATURE. CHECKS OR MONEY ORDERS FOR HOTEL RESERVATIONS MUST BE PAYABLE TO CONFERENCE MANAGEMENT SERVICES.

Arrival Date: _____/_____/_____ (*month day year*) Expected Arrival Time: _________ Departure Date: _____/_____/_____ (*month day year*)

Room Desired: _____Single (1 person, 1 bed) _____Double (2 people, 1 bed) _____Double/Double (2 people, 2 beds)

_____Triple (3 people, 2 dbl. beds) _____Quad (4 people, 2 dbl. beds)

Special Request _____Nonsmoking _____Smoking

Special Requirements ______________________

Number of people ______________

Sharing a room with ______________________

____

If sharing a room, please return only ONE reservation form.

First Night's Deposit

Please include your payment with the reservation form.
Reservations made by fax must be guaranteed by credit card.

No wire transfers or invoices will be accepted. Attendees not using credit cards must forward a check or money order payable to **Conference Management Services** and drawn on a US bank or a US branch of a foreign bank for the total amount in USD. Reservations must be cancelled 72 hours prior to arrival for a full refund of the first night's deposit.

Method of payment (select one) ❍ Credit Card ❍ Check ❍ Money Order
Credit card type (select one) ❍ Mastercard ❍ Visa ❍ American Express

I authorize the hotel to charge my account for one night's deposit, including all applicable taxes.

Check / Card number ______________________ Expiration Date _____ / _____ / _____
Cardholder's name ______________________
Cardholder's signature ______________________

Mailing Address	Conference Management Services 3109 Westchester Avenue College Station, TX 77845-7919 USA	Phone Fax e-mail	(409) 693-6000 (409) 693-6600 mercer@conf-mgmt.com

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