Radiation Protection and Shielding Division Topical Meeting

La Fonda Hotel Reservation Form
Sunday, April 14 – Friday, April 19, 2002

The Radiation Protection and Shielding Division (RPSD) Topical Meeting will be held in the La Fonda Hotel in Santa Fe, New Mexico. Sleeping rooms at La Fonda have been set aside for conference attendees. A special rate of $99.00 single or $109.00 double occupancy is being offered for these rooms on a first-come, first-serve basis. (In addition, there are a limited amount of rooms available before and after the conference dates at the rate of $99.00 single or $109.00 double occupancy. These rooms are offered on a first-come, first-serve basis. After these rooms are reserved, then the rate will be between $159.00 to $229.00 single occupancy for Standard rooms.) ***To guarantee your hotel accommodations at these special rates, contact La Fonda by Thursday, March 14, 2002.***

To make reservations at La Fonda, please complete this form and fax it to 505/995-2324. To get the special rate if you make your La Fonda reservations on the Web http://www.lafondasantafe.com/email.html, please include the Conference Code, **RPSD 2002 Topical Meeting** in the "Any special requests or remarks" box.

Conference Code **RPSD 2002 Topical Meeting**

Arrival Date: _____
Departure Date: _____
Number of Nights: _____
Number of People: _____
Requested Room Type (please check): ____One Bed ____Two Beds
____Smoking ____Non-Smoking

Dr./Mr./Mrs./Ms./Prof./Rank, First Name, Middle Initial, Last Name

Organization

Street Address/P.O. Box

City State Zip/Postal Code Country

Daytime Telephone Fax E-Mail

** A major credit card is required for all reservations. Reservations must be canceled 48 hours prior to arrival date to avoid one night's room and tax penalty. **

** Children 12 years or younger may share room with adults at no additional charge utilizing the existing bedding. Additional adults at $15.00 per person **
** Check-in time is 3:00 p.m. Check-out time is 12:00 p.m. **
** All rooms are subject to prevailing taxes, currently 11.4375%. **

___ - Visa ___ - Mastercard ___ - American Express ___ - Discover

Credit Card #_____ Expiration Date:_____
Name as imprinted on Credit Card_____
Signature:_____ Date:_____

** I understand that one night's room deposit will automatically be billed to my credit card unless cancellation notice is received from me at least forty-eight hours prior to my intended arrival date.