



American College of Gastroenterology
74th Annual Scientific Meeting and Postgraduate Course
October 23 – 28, 2009
San Diego, California

EXHIBITOR/ SYMPOSIUM BLOCK HOTEL REQUEST FORM

1) Contact Information (please print):

Company: _____
 Contact Person: _____
 Address: _____
 City/State: _____ Zip/Postal Code: _____
 Country: _____ E-mail Address: _____
 Phone: _____ Fax: _____

2) Rooms/Suite Requirements (Please indicate the number of rooms by type for each night):

Day	Thu	Fri	Sat	Sun	Mon	Tues	Wed	Thu
	10/22	10/23	10/24	10/25	10/26	10/27	10/28	10/29
TOTAL ROOMS								

Note: 2 rooms per company per 10x10 space purchased will be available at the Manchester Grand Hyatt up to a maximum of 5 rooms per company. Additional rooms may be requested and will be assigned on a priority point basis based on availability at the hotel. No more than 20 rooms will be given to any company at the Hyatt.

First/Last Name: _____ Arrival: _____ Departure: _____
 First/Last Name: _____ Arrival: _____ Departure: _____
 First/Last Name: _____ Arrival: _____ Departure: _____
 First/Last Name: _____ Arrival: _____ Departure: _____
 First/Last Name: _____ Arrival: _____ Departure: _____

ATTACH ADDITIONAL PAGES AS NEEDED

3) Please list rank the hotels below in the order you would like the ACG to check availability and book your rooms (1 is most preferred and 5 is least preferred).

- ___ Manchester Grand Hyatt (\$262.00 ++ Single/Double)
- ___ San Diego Marriott Hotel & Marina (\$257.00 ++ Single/Double)
- ___ Hilton San Diego Bay Front (\$255.00 ++ Single/Double standard rooms & \$275.00 ++ Single/Double deluxe rooms)
- ___ Omni San Diego Hotel (\$260.00 ++ Single/Double)
- ___ Embassy Suites Hotel (\$230.00 ++ Single/Double standard rooms & \$250.00 ++ Single/Double Bay View suites)
- ___ Marriott San Diego Gaslamp (\$259.00++ single/double)

4) Credit Card Deposit (Please complete the credit card information. The credit card provided MUST be valid through 11/09. Housing requests will not be processed without this information. A one night deposit will be charged on each room. August 21st is the last day to cancel rooms without penalty. There will be no refund on deposits for rooms canceled after August 21st):

Check one:
 Visa Card Number: _____
 MasterCard Expiration Date: _____
 Discover Cardholder's Name (print): _____
 American Express Cardholder's Signature: _____
 Diner's Club Date of Submission: _____

IMPORTANT: The list of names for the rooms is due by August 21, 2009. Failure to submit names will result in cancellation of the room block. The deadline to submit name and date changes is August 21, 2009.

Please mail this housing form to:
 ACG
 Attn: Exhibit Manager
 6400 Goldsboro Road Suite 450
 Bethesda, MD 20817

OR

Please fax this form to:
 (301) 263-9025