

44th ANNUAL DROSOPHILA RESEARCH CONFERENCE
March 5–9, 2003

● **Housing Application and Reservation Form** ●
Receipt Deadline: January 27, 2003

BY FAX: (312) 329-6929

BY TELEPHONE: (312) 464-1000 (and ask for reservations)

BY MAIL: Group Reservations Department
Sheraton Chicago Hotel & Towers
301 East North Water Street
Chicago, IL 60611 USA

- **Do NOT make reservation by more than ONE METHOD noted above, as it will result in a duplicate reservation and you will be charged for 2 deposits (i.e., do not fax and telephone reservation requests). Reserve early! Space is limited.**
- If you are making reservations for MORE than one room, this form may be photocopied. Only ONE room reservation can be made per application form. All individuals sharing this ONE room should be listed below.
- Confirmations will be mailed by the hotel ONLY to the first person named below. **First person named below is responsible for making and providing copies to individuals sharing the room.**
- Reservations will be processed on a first-come, first-served basis. Once the Drosophila room block is sold out, your reservation request may be referred to another nearby hotel **at a higher rate.**

***INDIVIDUALS LISTED BELOW IN THE "SHARING WITH" SECTION SHOULD NOT SUBMIT SEPARATE RESERVATION FORMS. THIS WILL RESULT IN DUPLICATE RESERVATIONS AND NO-SHOW CHARGES BY THE HOTEL.**

NAME OF INDIVIDUAL TO WHOM CONFIRMATION SHOULD BE SENT: (Separate confirmations will NOT be sent to individuals listed as sharing the room.)

1st Person _____
First Name M.I. Last Name

_____ Dept. and Institution

_____ Street Address or P.O. Box Number

_____ City State Zip/Mail Code Country

_____ Telephone Number FAX Number E-mail Address

ARRIVAL: Date _____ **DEPARTURE:** Date _____

Check-in time is 3:00 PM. Check-out time is 12:00 PM.

ROOM TYPE/ROOM RATE: Please check only **ONE** box to indicate room type requested. King-size beds and rollaways may be requested but are not guaranteed. State and local taxes and area surcharges are not included in rates shown and will be added.

Single (1 person, 1 bed) - \$180 **Double** (2 persons, 2 double beds) - \$180 **King** (2 persons, 1 king-size bed) - \$180

Triple (3 persons, 2 double beds) - \$205 **Quad** (4 persons, 2 double beds) - \$235

Smoking **Non-smoking** **Disabled Room** **Other special requests** _____

SHARING A ROOM: (Individuals listed below should NOT submit separate reservation forms because duplicate reservations could result, causing automatic cancellation of reservations, or no-show charges by the hotel! Confirmation will be sent ONLY to 1st person named above.)
If more than one person occupies a room, specify roommate names below:

2nd person _____ 3rd person _____

4th person _____ **No more than 4 persons per room allowed.**

ROOM RESERVATION GUARANTEE AND CANCELLATION: Reservation must be guaranteed with one-night's room deposit by **major credit card**. It is the hotel's policy to **charge your credit card the one night's room and tax deposit at the time you make your reservation**. **Cancellations must be made by 3:00 PM, 72 hours (3 days) prior to the scheduled arrival date.**

Card Type _____ Card # _____ Exp Date: _____

EXACT name on card _____ Signature _____