

47th ANNUAL DROSOPHILA RESEARCH CONFERENCE

March 29–April 2, 2006

• Housing Application and Reservation Form • Receipt Deadline: February 27, 2006

For general information, room descriptions and pictures: For general information, room descriptions, pictures and to make your reservation **ONLINE** at http://www.hilton.com/en/hi/groups/private_groups/houcvehh_gsa/index.jhtml

BY FAX: (713) 739-8007

BY TELEPHONE:

Outside Texas, US and Canada: (800) HILTONS (reservations only)

Texas residents: (713) 739-8000 (main number)

BY MAIL: Reservations Department

Hilton Americas - Houston

500 Hotel Circle North

Houston, Texas 92108 USA

- **Do NOT make reservations 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 sent by the hotel ONLY to the first person named below. **The 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 WILL BE SENT IS THE FIRST LISTED: (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. Roll away beds may be requested but are not guaranteed. Taxes of 17% are not included in rates shown and will be added.

Standard Rooms:

- Single 1 person, 1 king-size bed \$149
- Double 2 persons, 1 king-size bed \$149
- Triple 3 persons, 2 double beds \$179
- Quad 4 persons, 2 double beds \$189

Concierge Level Rooms:

- Single 1 person, 1 king-size bed \$179
- Double 2 persons, 1 king-size bed \$179
- Triple 3 persons, 2 double beds \$209
- Quad 4 persons, 2 double beds \$219

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 one night's room and tax deposit at the time you make your reservation. **To obtain a refund of deposit, Cancellations must be made by 12:00 PM, 48 hours prior to the scheduled arrival date.**

Card Type _____ Card # _____ Exp Date: _____

EXACT name on card _____ Signature _____
(Print name)