

ROOM RESERVATION REQUEST FORM

Fogelman Executive Center & Holiday Inn University of Memphis

ICODOE 2011 Conference - May 10-May 13, 2011

Reservations at the Fogelman Executive Center and the Holiday Inn University of Memphis must be guaranteed by either mailing one night's room and tax deposit by check or money order or by providing your VISA, MASTERCARD, AMERICAN EXPRESS, or DISCOVER card number and expiration date below to hold your reservation. **All requests for accommodations and deposits must be received by January 31, 2011.** Requests after this date will be honored based on space and rate availability. After the room block at one hotel is filled, you will be advised that your accommodations will be at the other facility located directly across the street.

CHECK HOTEL and ROOM TYPE PREFERENCE:

Fogelman Executive Conference Center, 330 Innovation Dr., Phone 901-678-5410 & request a room in the **ICODOE 2011 block**. **\$90.00** per night, plus 15.95% tax. Single rooms with 1queen-size bed. **Circle one:** Smoking / Non-Smoking

Holiday Inn University of Memphis - 3700 Central Avenue, Phone 901-678-8200 or 1-800-HOLIDAY& request a room in the **ICODOE 2011 block**. On-line reservations for the Holiday Inn may be made at www.holiday-inn/mem-uofm. The online group code is **ICO**. Enter the date and the code, and then proceed as directed. **\$119.00** per night, plus 15.95% tax (single or double). 2-room suites with sofa sleeper and 2 double beds or 1 king bed **Circle one:** Suite with 1 king bed / Suite with 2 double beds **Circle one:** Smoking / Non-smoking

CANCELLATION: If cancellation of this reservation is necessary, there will be no penalty **if** we are notified no later than three (3) days prior to arrival. Otherwise, you will be billed for room and tax for all nights reserved.

CHECK-IN TIME is 3:00 p.m. **CHECK-OUT TIME** 12 noon. Guests arriving prior to 3:00 p.m. will be accommodated as rooms become available. The front desk can arrange to store luggage for those arriving before rooms are ready.

Print Name: _____ Arrival Date: _____ Departure Date: _____

Address: _____ City: _____ State: _____ ZIP: _____ Country: _____

Telephone: _____ Fax: _____ Email: _____

Credit Card Type: (Visa, MasterCard, AmericanExpress, etc.): _____ Credit Card #: _____

Expiration Date: _____ Signature: _____

Check Enclosed \$ _____ Special Requests/ADA Needs: _____

Complimentary Airport Shuttle 7:00 AM – 10:00 PM. Four days advance notice is required.

To request this service, please complete the following:

Arrival Day: _____ Date: _____ Airline: _____ Arrival Time: _____ Flight # _____

Departure Day: _____ Date: _____ Hotel Departure Time: _____ **You must verify this at hotel check-in.**

If requesting airport pickup after you have made your room reservation, please refer to your confirmation number: # _____

Please mail or fax this form to:
WILSON CONFERENCE CENTER GROUP
Reservations Department
330 Innovation Drive, Suite 206
Memphis, TN USA 38152
Phone 901-678-3700 Fax: 901-678-0536

Reference **ICODOE 2011 Conference** on all correspondence.
Your confirmation number will be faxed, mailed or emailed to you within one week.