



FOR IEEE COMPUTER SOCIETY IPDPS 2007 ATTENDEES:
 Use this form to fax or mail reservation information to the Renaissance Long Beach Hotel

IPDPS 2007 SPECIAL RATES
\$156 Single/Double Occupancy
\$171 Triple Occupancy • \$186 Quadruple Occupancy
plus applicable room/sales tax

These special rates are available 3 days prior to and following IPDPS 2007 – from March 24th through March 31st, 2007. They cannot be guaranteed for reservations made **after March 2nd, 2007**. Note that children under 12 stay free.

PLEASE PROVIDE THE FOLLOWING INFORMATION:

DATE: _____ EMAIL CONTACT: _____

NAME _____ ORGANIZATION _____

MAILING/BILLING ADDRESS (street, PO box – city – state – zip – country) _____

PHONE (include country & city code) _____ FAX (include country & city code) _____

ARRIVAL DATE _____ DEPARTURE DATE _____

PREFERENCES: ____ 2 Double Beds ____ 1 King Bed

NUMBER OF OCCUPANTS: ____ Adults ____ Children

MARRIOTT REWARD NUMBER: _____

If you have any special requirements for your accommodations, please contact the hotel.

Note: All Renaissance rooms are non-smoking. Guests who smoke in the room will be charged \$250.

DEPOSIT REQUIRED

The hotel requires a deposit in USDollars covering the first night's room rate (plus tax) to guarantee reservation. You may either mail the deposit or use a major credit card for the deposit. Please ensure that your credit card does not expire before the end of your stay. Note that non-US registrants should check that their credit card is authorized for international payment, so that it is accepted upon arrival at the hotel. Deposit will be forfeited if notice of cancellation is not received by 4 p.m. on the date of arrival.

METHOD OF PAYMENT – in US dollars: (Select one)

- PERSONAL CHECK COMPANY CHECK TRAVELER'S CHECKS
 AMERICAN EXPRESS MASTERCARD VISA DINERS CLUB

CREDIT CARD NUMBER: _____ EXP. DATE: _____

CARDHOLDER NAME: _____ SIGNATURE: _____