

1999 14th IEEE INTERNATIONAL SYMPOSIUM ON INTELLIGENT CONTROL
 SEPTEMBER 15-17, 1999 – ROYAL SONESTA HOTEL CAMBRIDGE
HOTEL RESERVATION FORM

Please type or print information in capital letters as you wish it to appear on your hotel reservation. A separate form must be completed for EACH ROOM required.

NAME																								
COMPANY																								
STREET ADDRESS																								
CITY/STATE/ZIP/COUNTRY																								
TELEPHONE												FAX												
E-MAIL ADDRESS																								

ROYAL SONESTA HOTEL CAMBRIDGE, 5 Cambridge Parkway, Cambridge, MA 02142
 Phone: 617-491-3600 Fax: 617-661-5956
 \$186.00 single/double occupancy
There will be a \$25.00 charge for each additional person in the room.
All above mentioned rates, will be subject to any state and city tax in effect at the time of your stay.

ARRIVAL AND DEPARTURE INFORMATION

Arrival Date: _____ Approximate Arrival Time: _____ AM/PM (please circle) Departure Date: _____

SPECIAL REQUESTS - Can not be guaranteed; however, we will make every effort to accommodate you.

<input type="checkbox"/> Smoking	<input type="checkbox"/> Non-Smoking	<input type="checkbox"/> One Bed	<input type="checkbox"/> Two Beds	<input type="checkbox"/> Other/Specify: _____
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OCCUPANTS – Each person, in addition to the name mentioned above, who will be in this room

Occupant 1:	Occupant 2:
Occupant 3:	Occupant 4:

INSTRUCTIONS FOR PAYMENT OF HOTEL RESERVATION FEES

METHOD OF PAYMENT:

Please Note: In order to process your hotel reservation, you MUST include credit card information or one night's deposit with this form. If you do not supply this information, we will not be able to process your reservation with the hotel.

<input type="checkbox"/> Visa	<input type="checkbox"/> Master Card	<input type="checkbox"/> American Express	<input type="checkbox"/> Diners Club
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Card Number	Exp. Date

Name as it Appears on Credit Card

Authorized Signature _____

MAKE CHECKS (drawn on a US bank in US Dollars) PAYABLE TO: IEEE/ISIC Conference

IMPORTANT INFORMATION:

RESERVATIONS: All reservations for the hotels listed above are being coordinated by IEEE/ITCMS not with the hotel directly. To reserve a room, use the above hotel reservation form. All reservation forms **MUST BE RECEIVED BY IEEE/ITCMS NO LATER THAN AUGUST 10, 1999.** In addition, the Royal Sonesta will hold all reservations until 6:00pm day of arrival.

CHANGES IN RESERVATIONS: All changes of arrival, departure, type of room or names of persons should be made directly with ITCMS until August 21, 1999. After this date, please make all changes with the hotel.

BILLING PROCEDURES: Sleeping room charges at the rate of \$186.00 plus applicable taxes will be direct billed by IEEE. Upon arrival at the hotel, the guest will be asked to present method of payment for incidental charges such as room service, telephone, etc. At check-out, room charges should not show on your bill. Overnight accommodation charges will be processed by ITCMS using the individuals credit card provided on the hotel registration form. A receipt will be mailed out approximately one week after the conference.

RESERVATION CONFIRMATION: A written confirmation will be sent by IEEE/ITCMS. Please allow three to four weeks for ITCMS to process your reservation request and mail a confirmation to you.

CANCELLATION POLICY: Please refer to your confirmation letter, as each hotel varies in their policies.

MAIL COMPLETED HOTEL RESERVATION FORM AND FEES TO:

IEEE/ITCMS
 445 Hoes Lane, P.O. Box 1331, Piscataway, NJ 08855-1331
 Phone: 732-562-3870 – Fax: 732-981-1203