

To secure your hotel choice and receive immediate confirmation, make your reservation via Internet. Faxed & mailed housing forms will take longer to process and choice hotels may not be available.

INTERNET RESERVATIONS

Visit www.aadsm.org.

FAXED/MAILED RESERVATIONS

Fax housing form to **612-767-8201** or mail the housing form to AADSM Housing Bureau, c/o Meet Minneapolis, 250 Marquette Ave S, Suite 1300, Minneapolis, MN 55401.

PHONE RESERVATIONS

Call **1-888-947-2233** or **1-612-767-8200**; Mon-Fri, 9:00am – 3:00 pm CST.

ACKNOWLEDGEMENTS

Acknowledgements are generated by e-mail. Please review all information for accuracy. If you have not received an acknowledgement by May 11, please contact the AADSM Housing Bureau. Housing forms received via fax & mail will require 3-5 days for processing & sending of acknowledgement. If you do not receive your acknowledgement in this time frame, please contact the Housing Bureau by fax at **612-767-8201** or e-mail: housing@meetminneapolis.com. **You will not receive a written confirmation from the hotel.**

ROOM RATES/TAXES

To take advantage of the special **AADSM 2011 rates, please book your reservation by May 11, 2011**. After May 11, room blocks will be released and hotels may charge higher rates. All rates are based on the number of guests in a room and are subject to 13.4% occupancy tax, (subject to change). Special requests can not be guaranteed; however, hotels will do their best to honor all requests. Hotels will assign specific room types upon check-in, based on availability.

GUARANTEE

All reservations require a credit card valid through July 2011 or a check deposit at the time of requesting reservations. Requests received without a valid guarantee will be returned and will not be processed.

CHECK DEPOSITS

A check for one night's room and tax is required. Eligible refunds will be mailed after the event.

CANCELLATIONS

The Housing Bureau must receive all cancellations on or prior to May 11, 2011, to avoid a penalty. Any cancellations received after May 11, 2011, will be assessed a \$25 cancellation fee. Early departures are subject to penalty fees set by the hotel. Cancellations within 72 hours prior to the day of arrival will be charged a first night's room and tax. A charge of first night's room and tax will be applied and/or forfeited if you do not cancel or do not arrive (no-show).

RESERVATION WILL NOT BE PROCESSED IF FORM IS INCOMPLETE. Keep a copy of this form for your records. **DO NOT MAIL AFTER FAXING.** Acknowledgements are generated only to the name listed in field #7. Photocopy this form if you need more than one room. Only one room may be requested under each name.

Blocks of 10 or more guest rooms will need to be approved by the AADSM. Submit room block requests to Kathy Lovato at klovato@asmnet.org. Once approved, please mail or fax your request to the Housing Bureau.

Hilton Minneapolis
\$184.00 Single/Double

1. Arrival DATE: _____ TIME: _____ am pm 2. Departure DATE: _____ TIME: _____ am pm

(Make air reservations before filling out arrival/departure dates on this form. An acknowledgment will advise you to call the hotel directly for additional nights (not always available at convention rates), if the housing bureau is unable to secure all nights requested).

3. CHECK APPROPRIATE BOX: ONE BED TWO BEDS

Suites must be requested in writing to the Housing Bureau via e-mail at housing@meetminneapolis.com, or fax **612-767-8201**.

4. The housing department will request the room type, the hotel will confirm if available upon check-in.
TOTAL PEOPLE IN ROOM: _____

5. LIST ALL OCCUPANTS first name first: 1. _____ 2. _____
Maximum room occupancy is four (4) per city code. 3. _____ 4. _____

6. ROOM GUARANTEE: All rooms must be guaranteed with either a credit card or check. Reservations will not be accepted without a guarantee.

_____ Type of card (i.e. AE, MC, VS) _____ Credit Card Number _____ Exp. Date _____ Name on Credit Card

7. SEND ACKNOWLEDGMENT TO:

FIRST NAME	MI	LAST NAME	

AFFILIATION/INSTITUTION

STREET ADDRESS OR P.O. BOX NUMBER

CITY	STATE	COUNTRY	ZIP CODE

DAYTIME PHONE NUMBER

FAX NUMBER (if International, indicate Country/City Code)

E-Mail Address: _____

*** To ensure you receive the e-mail acknowledgement, please add acknowledgement@pkghlrss.com <<mailto:acknowledgement@pkghlrss.com>> to your address book***

8. SPECIAL REQUESTS: SMOKING NON-SMOKING Check here for disability

List special or other needs: _____

Continue to use the Housing Bureau for changes & cancellations through June 2, 2011. After June 2, all requests for changes & cancellations must be directed to your confirmed hotel. For reservations after June 2, please contact the hotel. If dates of stay are changed at time of check-in, you may be assessed penalty fees by the hotel.