

ATTN: RESERVATIONS



1345 28th Street
Boulder, CO 80302

Telephone 1-800-545-6285 or 1-866-866-8086

Please fax this form back to 303-443-1480

Reservation Form

Group Name: **UCAR – Ocean Re-Analysis Workshop**
Group Date: **November 8-10, 2004**
Special Group Rate: **\$89.00, including daily breakfast buffet**

To guarantee accommodations at the group rate, all reservation requests must be accompanied by the first night's deposit or a credit card number and received by **October 11, 2004**.

Name: _____

Company: _____

Address: _____

City/State/Zip: _____

Phone: _____

FAX: _____

REQUESTING: ___ King ___ Double **REQUESTING:** ___ Smoking ___ Non-Smoking
Sharing room with: _____
Special requests (please call for suite availability and cost): _____

Payment:

___ Check or money order in U.S. Funds payable to Millennium Hotel enclosed

Credit Card Type: ___ Visa/MC ___ AmEx ___ Discover ___ Diners

Credit Card Number: _____

Name Printed on Card: _____

Authorized Signature: _____

Arrival Date: _____ Departure Date: _____

Anticipated time of arrival at hotel: _____

Guaranteed reservations must be cancelled 48 hours prior to arrival to avoid billing of first night's room and tax to the method of payment. Requests for accommodations prior to or after convention date will be based on space and rate availability. This registration form must be returned by fax or mailed to the above address.

Should you choose individual pays own room, tax and/or incidentals, an approved credit card or deposit of one night's room and tax will be required to guarantee each reservation. In order to insure that each person is able to experience the overall convenience of the "instant check in," please forward individual's credit card information with rooming list, or for individual call in, please advise individuals to provide payment information upon reservation.