

GLSVLSI 2003
Hotel Reservation

Radisson Barcelo
Attn: Reservations Department
2121 P Street NW
Washington DC, 20037 USA
Phone: (800) 333-3333
Fax: (202) 956-6693

First Name: _____ Last Name: _____

Company/University: _____

Address: _____

City: _____ State: _____ Postal Code: _____

Country: _____ Email: _____

Phone:(_____) _____ Fax:(_____) _____

Check-in Date: _____ Check-out Date: _____

Number of adults: _____

Rates

Single Occupancy - \$130 per night
Double Occupancy - \$130 per night
Additional Person - \$20 per night
(Rates subject to city hotel tax.)

Room Preferences (check)

___ Non-smoking room
___ Smoking room
___ 1 bed
___ 2 beds

Check-in time is after 3:00pm. Check-out time is 12 Noon. **Reservations must be received by April 5th, 2003. Reservations after this date are based upon availability.**

Credit Card Information

Type of credit card (circle one): MasterCard Visa American Express

Credit card #: _____ Expiration date: _____

Name as it appears on credit card: _____

Signature: _____ Date: _____

Please mail or fax this hotel reservation form to:

Radisson Barcelo - Reservations
2121 P Street NW
Washington DC, 20037
USA
Fax: (202) 956-6693