



**Annual Meetings 2012
Exhibitor Registration
Chicago, IL • November 17–20**



Exhibit Company Name _____

Mailing Address _____

City _____ State / Province _____

Postal Code _____ Country _____

E-mail _____ Phone _____

REGISTRATIONS:

Each booth includes two free registrations. Additional registrations are billed at the normal meeting rates.

Free Registrations	Additional Registrations (\$150 EA.)	Amount Due
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total Cost: _____

METHOD OF PAYMENT:

Mail Form To:

Advertising and Exhibits
Annual Meetings 2012
825 Houston Mill Road
Atlanta, GA 30329 USA

Fax Form To: 404-727-3101

Credit Card Payments Only!

Note: If you fax the registration form, do not mail the original. Please allow 10 business days for processing.

Questions:

Phone: 877-336-6798 (U.S.) or 404-727-2315
Email: AdEx@Annual-Meetings.org

Refund Policy:

All refunds must be requested in writing by November 1, 2012. Please send requests to the address above, Attn: Refunds. If you have received your name badge and tote bag ticket, return these with your request. A \$35 administrative fee will be assessed per registration. Refunds will be processed after the meeting and will be issued by February 1, 2013. Proof of payment may be required.

Payment:

Charge a total of \$ _____

Visa MasterCard American Express Discover

Card # _____

Card Expiration Date (mm/yy) _____

Cardholder Signature _____

I agree to pay above amount according to card issuer's agreement

My check is enclosed in the amount of \$ _____

Make payable to Annual Meetings; U.S. funds drawn on U.S. bank in U.S. dollar account.

I do NOT require housing.

Please include my name, institution, and hotel on the onsite attendee list. I want to connect with other members.

Note: If you do not check this box, your name *will not* be listed.



**Annual Meetings 2012
Exhibitor Housing
Chicago, IL • November 17–20**



*All housing requests and changes must be received by **October 19, 2012**
IMPORTANT: This form must be submitted with or subsequent to your registration form.*

TO MAKE RESERVATIONS (use one method only):

- FAX: 404-727-3101** (registration form + housing form)
- Faxing available 24 hours a day.
 - Please print or type all information.
 - Complete EACH section in detail for correct and rapid processing.
 - Confirmations will be sent to the individual indicated.
 - Use one form for each room requested.
 - Do not fax form more than once. If faxing, do not mail the original.
 - AAR and SBL are not responsible for lost faxes.

MAIL:

Registration and Housing
Annual Meetings 2012
825 Houston Mill Road, STE 350
Atlanta, GA 30329

QUESTIONS:

Phone: 877-336-6798 (U.S.)
404-727-2315 (Outside U.S.)
E-mail: AdEx@Annual-Meetings.org

METHOD OF GUARANTEE:

The first night of your reservation must be guaranteed. To guarantee your room by credit card, complete the information below:

Credit card:

Visa MasterCard American Express Discover

Credit Card Number: _____

*Exp. Date (mm/yy): _____ Security Code _____

Cardholder's Name: _____

Cardholder's Signature: _____

*If your credit card expires prior to the Annual Meetings 2012, please contact us when you have your new card number and expiration date.

CANCELLATION POLICY:

All hotel accommodation questions, changes, and cancellations should be directed to the Annual Meetings Registration Office throughout the meeting year. Note that cancellations must be received in writing (mail, fax, or e-mail) by November 9, 2012, to avoid hotel cancellation fees.

SEND CONFIRMATION TO:

First Name _____

Last Name _____

E-mail _____

Address _____

City _____ State _____

Postal Code _____ Country _____

Phone _____

HOTEL PREFERENCE:

(Rank hotels in order of preference)

1. _____

2. _____

3. _____

If selected hotels are fully booked, please make a reservation for me at another conference hotel.

If selected hotels are fully booked, **do not** make a reservation for me.

Arrival Date: _____ Departure Date: _____

Room Type Requested (based on availability; cannot be guaranteed):

Single – 1 person/1 bed Double – 2 people/request 1 bed

Triple – 3 people/2 beds Double – 2 people/request 2 beds

Quad – 4 people/2 beds

Names of all occupants including self:

1. _____

2. _____

3. _____

4. _____

Special Requests:

I am interested in a suite. Please contact me.

I need physically challenged accommodations.

Other _____

HOTEL LOCATOR MAP:



HOTEL RATES:

All rates are subject to local hotel taxes of approximately 16.4% tax per room per night. (For example, a \$149 rate will be approximately \$173 each night.)

HOTEL*		SINGLE	DOUBLE	TRIPLE	QUADRUPLE
1. BEST WESTERN GRANT PARK		\$119	\$119	\$129	\$129
2. COURTYARD CHICAGO DOWNTOWN	NO AVAILABILITY	\$149	\$149	\$164	\$174
3. ESSEX INN	NO AVAILABILITY	\$149	\$149	\$159	\$169
4. HAMPTON INN MAJESTIC	NO AVAILABILITY	\$149	\$149	\$164	\$164
5. HILTON CHICAGO		\$149	\$159	\$169	\$179
6. HYATT REGENCY CHICAGO		\$165	\$165	\$180	\$180
7. HYATT REGENCY MCCORMICK PLACE		\$165	\$165	\$180	\$180
8. INN OF CHICAGO	NO AVAILABILITY	\$129	\$129	\$149	\$149
9. JW MARRIOTT CHICAGO		\$165	\$165	\$180	\$190
10. PALMER HOUSE HILTON		\$149	\$159	\$169	\$179
11. RENAISSANCE BLACKSTONE		\$129	\$129	\$159	\$189
12. RENAISSANCE CHICAGO	NO AVAILABILITY	\$165	\$165	\$180	\$190
13. SAX CHICAGO	NO AVAILABILITY	\$149	\$149	\$169	\$169
14. SILVERSMITH HOTEL AND SUITES	NO AVAILABILITY	\$129	\$129	\$139	\$149
15. W CHICAGO CITY CENTER	KING BED ONLY	\$149	\$149	N/A	N/A
16. AMALFI HOTEL CHICAGO		\$159	\$159	\$179	\$199
17. HARD ROCK HOTEL CHICAGO		\$149	\$149	\$149	\$149
18. HOTEL 71		\$149	\$149	\$159	\$169

* HOTEL NUMBERS CORRESPOND TO MAP LOCATION.