



EXHIBITOR HOUSING DEADLINE: August 14, 2009

Please book early to secure your hotel reservations. For information regarding government rates please call the Reservation Center at the telephone number provided below.

Domestic Toll-Free: 800-844-3508
International: 972-349-7621
Fax: 972-349-7715
E-mail: aarp@wyndhamjade.com
Website: www.wynjade.com/exhibitors/aarp09
If paying by check, mail to: AARP Registration & Housing
 P.O. Box 93117
 Long Beach, CA 90809-3117

1. Company Profile (Please print)

Company Name (Official Name of Exhibiting Company)			
(Primary Contact Person) First Name		Last Name	
Address			
Address, continued			
City	State	Zip Code	Country
Phone Number	Fax Number	E-Mail	

2. Hotel Preferences:

a. _____ b. _____ c. _____ d. _____ e. _____

3. Room/Suite Request:

Please indicate the number of rooms required by type, for each night.

ROOM TYPE	Tues 10/20 (Exhib. Move-In 9am – 5pm)	Wed 10/21 (Exhib. Move-In 9am – 5pm)	Thurs 10/22 (Hall hrs** 11:00am-5:30pm)	Fri 10/23 (Hall hrs 9am- 5pm)	Sat 10/24 (Hall hrs** 10am-4:30pm; Exhib. Move- Out 4:30pm – 8pm)	Sun 10/25 (Exhib. Move- Out 9am – 5pm)	Mon 10/26 (Exhib. Move-Out 9am – 12pm)
Single 1 person, 1 bed							
Double 2 persons, 1 beds							
Twin 2 persons, 2 beds							
One Bedroom Suite*							

- An AARP Housing Consultant will contact you regarding your suite needs.



General Information

All reservation requests require a credit card to reserve the room(s).

- All reservation requests must be received with a deposit equal to the first night room and tax. **This form will not be processed without a deposit.**
- A letter of confirmation will be sent to the group contact 10-14 business days upon receipt of guarantee and completed form.
- All reservation changes and/or cancellations must be made through AARP Housing. **DO NOT** contact the hotel directly.
- Rooming list must be furnished by **August 14, 2009**. After this date, any remaining rooms from your original block will be released. Additional requests will be subject to availability.

American Express MasterCard VISA Check Enclosed (US Funds Only)

Credit Card Number:	Expiration Date:	CDC Security Code(4 digits on back of card):
Print name as it appears on the credit card:		
Signature:		