HOTEL RESERVATION FORM

Group Name: IEEE Computer Society ICECCS ‘99

Please include one night's deposit with this form.

Please mail or fax this form with check or credit card number to:

**Flamingo Hilton**
3555 Las Vegas Boulevard South
Las Vegas, NV 89109
**FAX +1-702-733-3353**
+1-702-733-3111 - Reservations accepted from 8:30 am - 5:00 pm CST
1-800-445-8667

Reservations must be made by **Friday, 24 September 1999**. Reservations made after this date are subject to availability of rooms and rates.

*Please Print*

Name: ________________________________ ________________________________ ________

Last/Family First Middle Initial

Affiliation: ________________________________ ________________________________ __

Address: ________________________________ ________________________________ ______

City: __________________ State: _______ Zip: ________________ Country: ____________

Phone: __________________________________ Fax: _______________________________

Please indicate the type of room you prefer:

- [ ] Single U.S. $99.00
- [ ] Double U.S.$99.00

Arrival Date: _______________ Time:______________ Flight:____________________

Departure Date: _______________ Time:______________ Flight:_____________________

Deposit:

Credit Card: [ ] MasterCard [ ] Visa [ ] American Express [ ] Diners Club [ ] Discover

Credit Card Number: _______________________________ Expiration Date: ___________

(Please type or print clearly)

Signature: _____________________________________________________________________