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

 $+1\mbox{-}702\mbox{-}733\mbox{-}3111$ - Reservations accepted from $8\mbox{:}30\mbox{ am}$ - $5\mbox{:}00\mbox{ pm}$ 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
A CC11'-4'		
Amination:		
Address:		
City:	State:Zip: _	Country:
Phone:	F	cax:
Please indicate the type of roo	om 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:		