INSTRUCTIONS
Reservations can be made between 7/1/2001 – 9/13/2001, by choosing one of the following methods:

INTERNET
Book your reservation online using the interactive site at www.pkghlrss.com/events/5135/5135.html

FAX
Send a completed form, one copy per room to (813)221-6881

MAIL
Send a completed form, one copy per room to: OOPSLA 2001 Housing 400 N. Tampa St., Ste 2800 Tampa, Fl. 33602

ROOM RATES
To take advantage of the special OOPSLA rates, be sure to book your reservation by 12:00 noon (EST) on September 13, 2001. After this date the hotels may charge higher rates.

MODIFICATIONS & CANCELLATIONS
Reservations secured by credit card may be made, modified and/or canceled without penalty from 7/1/2001 through 9/13/2001. On / after 9/1/2001 through 10/1/2001, a $25 processing fee will be charged. On / After 10/2/2001, cancellations will assess a forfeiture of one night’s room and tax.

HOTEL INFORMATION FORM

<table>
<thead>
<tr>
<th>Hotel Selection:</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Choice: _______________________________</td>
</tr>
<tr>
<td>Second Choice: _______________________________</td>
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<tr>
<td>Third Choice: _______________________________</td>
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<tr>
<td>Fourth Choice: _______________________________</td>
</tr>
</tbody>
</table>

Arrival Date: _______________ Departure Date: _______________

☐ Tampa Marriott Waterside Hotel*
☐ Hyatt Regency Tampa
☐ Wyndham Harbour Island Hotel
☐ Radisson Riverwalk Hotel

Please see reverse side of this sheet for complete hotel information.

*OOPSLA Headquarters Hotel

Room Type: (must fill out both)
Number of people in room: __________________
Number of beds in room: __________________

List all occupants in room:
1. _________________________________________________________
2. _________________________________________________________
3. _________________________________________________________

Special Needs:
___________________________________________________________
___________________________________________________________

☐ Smoking ☐ Non-Smoking (please check one)

DEPOSIT INFORMATION

HOTELS REQUIRE A CREDIT CARD GUARANTEE OF ONE NIGHT’S ROOM & TAX (CURRENTLY 11.75%) WITH EACH RESERVATION REQUEST. HOUSING FORMS RECEIVED WITHOUT A VALID CREDIT CARD WILL BE RETURNED AND WILL NOT BE PROCESSED.

ACCOUNT NUMBER: ___________________________ EXP. DATE ______
CARD TYPE: American Express, MasterCard, Visa, Discover, Diners

Name of Cardholder: __________________________________________
Cardholder’s Signature: ________________________________________

SEND CONFIRMATION TO: (FILL THIS PORTION OUT COMPLETELY)

LAST: ______________________ FIRST: ______________________
COMPANY: ______________________ E-MAIL: ______________________
ADDRESS: ______________________ CITY: ______________________ STATE: ______
ZIPCODE: ______________ COUNTRY: ______________ FAX: ______________ PHONE: ______________