

OOPSLA 2000

Minneapolis, Minnesota * October 15–17, 2000

Mail Form to:

OOPSLA Housing Bureau
33 South Sixth Street
Suite 4000
Minneapolis, MN 55402

Fax Form to:

612-335-5842

Do not mail after faxing.

Register on the Internet:

<http://oopsla.acm.org>

Do not mail and/or fax after submitting.

Telephone Reservations:

Toll Free 1-888-947-2233

Hours are Monday thru Friday, 9:00 am - 1:00 pm, Central Time
Please have credit card and arrival and departure dates ready.

- ✓ Photocopy this form if more than one room is required
- ✓ Only one room may be requested under each name
- ✓ Rooms are assigned on a first-come, first-serve basis
- ✓ Allow up to one week for acknowledgement
- ✓ After September 14, rooms and rates are based upon availability

September 14 – Deadline For Special Rates

Hotel	Single	Double	Triple	Quad
Hilton Minneapolis	140.00	150.00	180.00	200.00
Hyatt Regency	139.00	139.00	149.00	159.00
Regal Minneapolis Hotel	135.00	145.00	155.00	165.00
DoubleTree Guest Suites	136.00	136.00	156.00	156.00

Rates quoted above are subject to a 12% state and city room tax

Hotel Preference:

1. _____
2. _____
3. _____
4. _____

Arrival: _____

Departure: _____

Deposit Method:

A \$100.00 deposit is required for each room before a reservation may be processed. With your Housing Form, please include a major credit card number or a check, made payable to GMCVA. **After September 14, all cancellations will be charged a \$25.00 Event Cancellation Processing Fee. All cancellations within 72 hours prior to day of arrival will forfeit their entire deposit. Early departures, changes and cancellations after September 14 are subject to penalty fees set by the hotels.**

Card No. _____ Exp _____

Name _____

Signature _____

or

Check No. _____ Amount \$ _____

Confirm Reservation To:

(only one acknowledgement will be sent)

Name _____

Company _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

E-mail address _____

List Names of All Occupants:

(List all occupants' arrival and departure dates, if different)

1. _____

2. _____

3. _____

4. _____

Room Type Requested:

King Bed 2 Double Beds Non-Smoking 

Number of Persons in room: 1 2 3 4

Other: _____