

# OOPSLA 2001

## Tampa, Florida \* October 14–18, 2001

### 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](http://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 9/14/2001 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

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

#### Hotel Selection:

First Choice: \_\_\_\_\_  
 Second Choice: \_\_\_\_\_  
 Third Choice: \_\_\_\_\_  
 Fourth Choice: \_\_\_\_\_

Reservations will be processed on a first come, first serve basis.

#### 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: \_\_\_\_\_