

Complete this form and mail directly to hotel:

Minneapolis Hilton and Towers, Reservations Department, 1001 Marquette Ave., Minneapolis, MN 55403

HOTEL RESERVATION FORM

ACM SIGMOD/PODS

DEADLINE: April 22, 1994

Phone No.: (612) 376-1000 or (800)-HILTONS

May 22-28, 1994

FAX No.: (612) 397-4888

We are pleased that you have chosen the Minneapolis Hilton and Towers for your stay in Minneapolis.

Our staff looks forward to extending a warm welcome to you upon your arrival.

Please mark your desired accommodations and fill in your arrival and departure dates.

RATES AND ACCOMMODATIONS

- | | | | |
|---|-----------|-----------------------|------------------------------------|
| <input type="checkbox"/> One person | \$ 100.00 | Arrival Date: _____ | Check-in time: After 3 p.m. |
| <input type="checkbox"/> Two persons | \$ 100.00 | Departure Date: _____ | Check-out time: 12 noon |
| <input type="checkbox"/> Three persons (<i>Two double beds</i>) | \$ 120.00 | | |
| <input type="checkbox"/> Four persons (<i>Two double beds</i>) | \$ 140.00 | | |
- Smoking preference upon availability: Smoking Non-smoking

All rates subject to Minneapolis sales tax of 12%. Valet parking is available to hotel guests at \$9 per day.

Children, regardless of age, may stay free when occupying the same room as their parents.

A number of rooms are available for the physically handicapped. For suite information contact the hotel.

RESERVATIONS MUST BE RECEIVED NO LATER THAN: April 22, 1994.

If the rate requested is not available, the next available rate category will be confirmed.

PLEASE PRINT CLEARLY

Name: _____

Affiliation: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____

Name(s) of person(s) sharing accommodations:

Number of people in room: _____

If you will check in after 6:00 PM you must guarantee your reservation with a deposit for the first night, including 12% tax:

Check or money order enclosed \$ _____

VISA MasterCard American Express Diners Club Discover

JCB JTB CardBlanc

Cardholder's exact name: _____

Credit card number: _____ Exp. date _____

I understand that I will be charged for one day's stay if I do not cancel my reservation before 6:00 PM on my arrival day.

Signature: _____ Date: _____