



The American Ophthalmological Society  
 144<sup>th</sup> Annual Meeting  
 Hotel Reservation Form  
 The BRO<sup>A</sup>DMOOR  
 May 15-18, 2008

Complete Form  
 and mail or fax to:

The BRO<sup>A</sup>DMOOR  
 Reservation Department  
 One Lake Avenue  
 Colorado Springs, CO  
 FAX: (719) 577-5738

Cut-off Date:  
 April 11, 2008  
 ResID: 08AOS

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Sharing room with: \_\_\_\_\_ (If you are sharing a room, please submit one form only)

Arrival day/date: \_\_\_\_\_ Time: \_\_\_\_\_

Departure day/date: \_\_\_\_\_ Time: \_\_\_\_\_

Check-in time is 4:00 pm; check-out is 12:00 pm. Room type will be assigned at check-in based on availability.

**Room Accommodations** (All rooms are non-smoking. A \$100 cleaning fee will be assessed should you smoke in a guest room.)

<input type="checkbox"/> Superior	\$375.00	<input type="checkbox"/> Intermediate	\$345.00
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Rates do not include applicable taxes, PIF, resort fees, or parking fees.

\*Resort fee is \$14 per night single or double occupancy and \$2.50 for each additional person. Tax 9.4%, PIF 2.25%.

Overnight Parking fees are \$16 for Valet and \$14 for Self Parking per day in/out service.

**Room Preferences: Subject to Availability**

Preferred bed type:	<input type="checkbox"/> King	<input type="checkbox"/> Double/Double
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Special requests: \_\_\_\_\_

For additional *suite* requirements and information, please call **800-634-7711**. Reservations will be filled in the order they are received.

**Method of Payment**

In order to confirm your reservation, a deposit of one night's room rate plus tax will be required at time of booking. In order to prevent a cancellation or change fee of one night's room rate plus tax, cancellations or changes of arrival and/or departure date must be confirmed no later than **seven (7) days prior** to your arrival date.

<input type="checkbox"/> Enclosed is a check in the amount of \$ _____					
<input type="checkbox"/> VISA	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Amex	<input type="checkbox"/> Discover	<input type="checkbox"/> Diners Club	<input type="checkbox"/> Carte Blanche

Credit Card No.: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Printed Name on Card: \_\_\_\_\_

\*Resort fee includes: unlimited access to Fitness Center, local phone, toll-free, credit card and collect call access up to one hour in length, incoming faxes, daily newspaper, daily gratuities for housekeeping personnel, and in-room coffee & tea service.

