HOTEL RESERVATION FORM

Group Name: IEEE Computer Society ICECCS '99

Please include one night's deposit with this form.

Please mail or fax this form with check or credit card number to:

Flamingo Hilton
3555 Las Vegas Boulevard South
Las Vegas, NV 89109
FAX +1-702-733-3353
+1-702-733-3111 - Reservations accepted from 8:30 am - 5:00 pm CST
1-800-445-8667

Reservations must be made by **Friday, 24 September 1999**. Reservations made after this date are subject to availability of rooms and rates.

Please Print
Name: _____
Last/Family First Middle Initial

Affiliation: _____

Address: _____

City: _____State: _____Zip: _____Country: _____

Phone: _____Fax: _____

Please indicate the type of room you prefer:

❑ Single U.S. $99.00 ❑ Double U.S.$99.00

Arrival Date: _____Time:_____ Flight:_____

Departure Date: _____Time:_____ Flight:_____

Deposit:

Credit Card: ❑MasterCard ❑Visa ❑American Express ❑Diners Club ❑Discover

Credit Card Number: _____Expiration Date: _____
(Please type or print clearly)

Signature: _____