



48th Annual ICAAC®/IDSA 46th Annual Meeting

GROUP REGISTRATION AND HOUSING FORM *page 1 of 3*

Deadline for return of form: Monday, September 15, 2008

Please note: Housing cannot be guaranteed after September 15.

MAIL COMPLETED FORMS TO:

48th ICAAC/46th IDSA
Group Registration and Housing
c/o Experient
108 Wilmot Road
Suite 400
PO Box 825
Deerfield, IL 60015-5124

Address questions to:

ICAAC/IDSA Group Coordinator
Rose Quezada
Telephone: (847) 947-6767
email: ICAACGroup@experient-inc.com

Registration and housing requests will not be accepted by way of facsimiles or telephone.

Registration Procedures

- A registration fee must be submitted to Experient for each room requested in the block with the group registration and housing form. Requests for rooms not accompanied by a corresponding registration fee will not be processed.
- If any of your attendees are members of ASM/IDSA, a refund of the difference between member and nonmember will be issued after September 15.
- Complete group registration information must be submitted to Experient by September 15. This must include individual names, addresses, and education level. Failure to submit a name for each registration will result in forfeiture of the registration fee.
- Experient will accept registration changes and corrections until September 30.

Hotel Deposits and Prepayment

- A deposit of \$250 USD/room is required (may be submitted with a credit card).
- All suite deposits are \$500 USD for a one bedroom suite and \$1000 for 2 bedroom suite.
- Full prepayment of room and tax, minus the deposit, is required July 31, an invoice will be available online.
- Prepayment, of room and tax, is by check only, made payable to ASM/IDSA in USD, drawn on a US bank.

Sub Block Housing

The \$10 USD/room night subsidy may be paid directly to ASM/IDSA by the group or arrangements may be made with the hotel to pay the subsidy. If the hotel pays the subsidy, ASM/IDSA must have the hotel's agreement in writing. If the group pays the subsidy, payment must be received at Experient by Monday, September 15.

Housing Cancellation Policies

- Groups have through July 31 to cancel or reduce their assigned room block without penalty. If cancellation is made between August 1 and September 15, the deposit minus a \$50 USD/room fee will be refunded. After September 15, no deposits will be refunded.
- A refund will not be processed for any reductions in room inventory after September 15.
- Rooms obtained for groups prior to October 24 or after October 28, at the group's request, will not be refunded.
- Any unassigned rooms (rooms without attendee names) will be automatically cancelled after September 15 and room deposits will be forfeited.
- Cancellations for sub block housing must be received by September 15 to be eligible for a refund minus a \$100 USD administration fee.

1. CONTACT INFORMATION

(Confirmations and correspondence will be sent to the person listed below.)

Agency/Company _____

Contact _____

Street _____

City _____ State/Province _____

Postal Code _____ Country _____

Phone _____ Fax _____

E-mail _____

Client _____

GROUP REGISTRATION AND HOUSING FORM *page 2 of 3*

(Please complete one form for each client)

2. REGISTRATION

Advance (Discounted) Preregistration Deadline: Thursday, July 31

ASM/IDSA Nonmember: \$550 USD

Advance Preregistration Deadline: Monday, September 15

ASM/IDSA Nonmember: \$625 USD

If any of your attendees are members of ASM/IDSA, a refund of the difference between member and nonmember will be issued after September 15.

Preregistrations cannot be accepted after September 15.

1. Name _____	ASM/IDSA Member # _____
Address _____	
2. Name _____	ASM/IDSA Member # _____
Address _____	
3. Name _____	ASM/IDSA Member # _____
Address _____	
4. Name _____	ASM/IDSA Member # _____
Address _____	
5. Name _____	ASM/IDSA Member # _____
Address _____	
6. Name _____	ASM/IDSA Member # _____
Address _____	
7. Name _____	ASM/IDSA Member # _____
Address _____	
8. Name _____	ASM/IDSA Member # _____
Address _____	
9. Name _____	ASM/IDSA Member # _____
Address _____	
10. Name _____	ASM/IDSA Member # _____
Address _____	

Demographic Information

Kindly complete the demographic information. This information is required and registration will not be processed unless it is complete.

Please indicate the number of:

- ___ M.D. (or equivalent)
- ___ Infectious Disease Fellows
- ___ Ph.D. (or equivalent)
- ___ Pharm.D. (or equivalent)

Please indicate the countries represented including the number of scientists from each country.

- | | |
|----------------|-----------------------------|
| Country: _____ | Number of Scientists: _____ |
| Country: _____ | Number of Scientists: _____ |
| Country: _____ | Number of Scientists: _____ |
| Country: _____ | Number of Scientists: _____ |
| Country: _____ | Number of Scientists: _____ |

3. HOUSING

Hotel Choices

1st Choice _____
 2nd Choice _____
 3rd Choice _____
 4th Choice _____
 5th Choice _____
 6th Choice _____

ASM/IDSA reserves the right to add hotels and/or assign groups to the next available hotel if your hotel choices are unavailable (please see cancellation policies on page 1.)

Room Usage

Single (1 person, 1 bed), Double (2 persons, 1 bed), Twin (2 persons, 2 beds), Sleeping Room Suite (not for entertaining large groups of people), and/or Hospitality Suite. Room type is not guaranteed.

Please indicate the number of hotel rooms to be used each night.

___ Total No. of rooms for Thursday, October 23
 Itemize: ___ No. of Singles ___ No. of Doubles ___ No. of Twins
 ___ No. of Suites

___ Total No. of rooms for Friday, October 24
 Itemize: ___ No. of Singles ___ No. of Doubles ___ No. of Twins
 ___ No. of Suites

___ Total No. of rooms for Saturday, October 25
 Itemize: ___ No. of Singles ___ No. of Doubles ___ No. of Twins
 ___ No. of Suites

___ Total No. of rooms for Sunday, October 26
 Itemize: ___ No. of Singles ___ No. of Doubles ___ No. of Twins
 ___ No. of Suites

___ Total No. of rooms for Monday, October 27
 Itemize: ___ No. of Singles ___ No. of Doubles ___ No. of Twins
 ___ No. of Suites

___ Total No. of rooms for Tuesday, October 28
 Itemize: ___ No. of Singles ___ No. of Doubles ___ No. of Twins
 ___ No. of Suites

___ Total No. of rooms for Wednesday, October 29
 Itemize: ___ No. of Singles ___ No. of Doubles ___ No. of Twins
 ___ No. of Suites

Rooms obtained for groups prior to October 24 or after October 28, at the group's request, will not be refunded.

4. SUB BLOCK HOUSING

(Required if housing arrangements were made directly with a hotel)

Please check the following that is applicable:

- will obtain rooms directly with an official Hotel
- will obtain rooms directly with a non-official Hotel

Please indicate the name of the hotel(s) being used:

Please indicate the total number of rooms to be used each night.

___ Total No. of rooms for Thursday, October 23
 ___ Total No. of rooms for Friday, October 24
 ___ Total No. of rooms for Saturday, October 25
 ___ Total No. of rooms for Sunday, October 26
 ___ Total No. of rooms for Monday, October 27
 ___ Total No. of rooms for Tuesday, October 28
 ___ Total No. of rooms for Wednesday, October 29
___ Total Number of Rooms

5. PAYMENT INFORMATION

ASM/IDSA does not accept wire transfers or purchase orders

Total Due

Registration Fees \$ _____
 Housing
 Deposit \$ _____
 or
 Sub Block Fee \$ _____ (total room nights X \$10 USD)
Grand Total \$ _____

- Check/money order enclosed
(made payable to ASM/IDSA in USD, drawn on a US bank)
- Please charge the following credit card for \$ _____ Grand Total
You may use a credit card for registration fees and hotel deposits
 Visa MasterCard Discover American Express
Your Credit Card will be Charged Immediately

Card Number _____ Expiration Date _____
 Print Name as Appears on Credit Card _____
 Signature _____
 Billing Address _____
