

The Sheraton San Diego Hotel & Marina would like to welcome you as a participant in
**THE AMERICAN ACADEMY OF ORTHOTISTS & PROSTHETISTS
2003 ANNUAL MEETING & SCIENTIFIC SYMPOSIUM**

HOUSING FORM



Sheraton San Diego
HOTEL & MARINA

**RESERVATIONS FOR THIS GROUP RECEIVED AFTER FEBRUARY 18, 2003
WILL BE ACCEPTED ON A SPACE AND RATE AVAILABILITY BASIS.**

(If group block fills prior to the cut off date, reservations will be accepted on a space and rate availability)

Please complete all of the following information to confirm your reservation and to ensure a speedy check-in.

Arrival Date _____ Arrival Time _____ Departure Date _____ Departure Time _____
Official check-in time is 3:00pm but we try to accommodate early arrivals, so please tell us your arrival time. Departure time is 12:00 noon.

Name _____ Sharing With _____
Organization/.Company _____ Phone _____
Address _____ Fax _____
City _____ State _____ Zip _____

Please indicate which room type you wish to reserve:

STANDARD ROOM: \$199.00 Single \$199.00 Double
PREMIUM ROOM: \$210.00 Single \$210.00 Double
CLUB ROOM: \$233.00 Single \$233.00 Double

Club rooms include breakfast buffet for 2, Health Club access, self parking and local phone calls.

Number of rooms: _____ Number of people: _____ (Extra Adults are \$20.00 per night)

Smoking Non Smoking

PREFERRED BEDDING: 1 King Bed 2 Double Beds

(If your requested room and bedding type is not available, an alternate will be assigned)

Starwood Preferred Guest Number # _____

Special Requests _____

All reservations must be accompanied by a deposit for the first night room and 10.545% tax. There is no penalty for reservations cancelled 72 hours prior to the date of arrival. The deposit will be non refundable if the reservation is cancelled within 72 hours of arrival.

Payment:

Enclosed is a Check/Money Order for \$ _____ (Please make check payable to Sheraton San Diego)

Credit Card for 1st Night Deposit: AmEx Diners Club Discover Visa Mastercard Enroute JCB

Credit Card Number _____ Expiration Date _____

If the name on the credit card differs from the registered guest, please indicate below what charges are to be billed to the above card.

Print name as it appears on card _____ Signature _____

Fax this form to us: 619-692-2312

Mail this form to us: 1380 Harbor Island Drive, Reservations Department, San Diego, CA 92101

Phone number for Reservations: 877-734-2726 Guest Fax Number: 619-692-2338

**COMPLIMENTARY AIRPORT SHUTTLE
runs every 15-20 minutes from
5:00am until midnight.**