

Hotel Reservation Form
SDIUT01
April 23-25, 2001
Sheraton Columbia Hotel
Columbia, Maryland

Name: _____

Address: _____

Tel.: _____ Fax: _____

Arrival date: _____ Departure date: _____

Please give reservations clerk: "SDIUT01" for special rates.

☐ Smoking ☐ Non-smoking

☐ \$110 Single occupancy, corporate rate ☐ \$250 Suite per night

☐ \$120 Double occupancy, corporate rate ☐ \$ 10 Extra Person charge

Cribs and children 17 and under stay in parent's room free.

Sharing room with: _____

Amount enclosed: _____

Check in U.S. dollars payable to "Sheraton Columbia Hotel"

☐ Visa ☐ Mastercard ☐ American Express

☐ Diners Club ☐ Discover

Credit card number: _____

Credit card expiration date: _____

Name on card: _____

Send by March 23, 2001 to:

Reservations

Sheraton Columbia Hotel

10207 Wincopin Circle

Columbia, Maryland

Tel: (410) 730-3900; Fax: (410) 730-1290

Rates are subject to a 10% tax. All reservations must be accompanied by a deposit of one night's room rate plus tax, or a credit card guarantee. 72 hour cancellation policy. Reservations after March 23, 2001 will be accepted on a rate and space availability basis.