

AIM '99 HOTEL RESERVATION FORM

Conference Hotel

Renaissance Atlanta Hotel
590 West Peachtree Street NW
Atlanta, GA 30308, USA
Phone: +1 (404) 881-6000
Fax: +1 (404) 815-5010
<http://renaissancehotels.com/ATLBR/>

Group Name: GT – International Conference on Advanced Intelligent Mechatronics

(PLEASE PRINT CLEARLY)

Name(s) _____

Address _____

City _____ State _____

Postal Code _____ Country _____

Phone _____ Fax _____

A block of rooms has been reserved at the above hotel from September 18 to 22, 1999. Rates chosen within the following categories are subject to availability and applicable tax.

| No. of Rooms | | Smoking |
|--------------|----------------------|-------------|
| _____ | Single (US\$ 110.00) | ___ N ___ Y |
| _____ | Double (US\$ 110.00) | ___ N ___ Y |
| _____ | Club (US\$ 140.00) | ___ N ___ Y |

Contact Reservations Department for Suite information: +1 (404) 881-8000

Special Request _____
(Type of accommodation is based on availability)

Arrival _____ Departure _____

MAIL or FAX this form directly to the Hotel.

Reservations must be received by AUGUST 19, 1999. After this date, rooms will be confirmed on space and rate availability only.

PAYMENT INFORMATION

Charge ☐ VISA ☐ Master Card ☐ American Express ☐ Discover ☐ Diner's/Carte Blanche

Card Number _____ Expiration Date _____

Cardholder's Signature _____

Your reservation is guaranteed for arrival by the above Credit Card. Please notice that your card will be charged after 18:00 on day of arrival.

Otherwise, please enclose a **check** for the advance deposit (one night's room plus 14% tax). Deposits are refundable if cancelled within 72 hours from arrival day.

Guests paying with cash will be asked for a deposit of US\$ 25.00 per night of their stay. Any refund will be issued at check-out.

RESERVATIONS NOT GUARANTEED WILL BE SUBJECT TO CANCELLATION.