RSNA Exhibitor Suite Request Form

Deadline: November 4, 2009

Radiological Society of North America
95th Scientific Assembly and Annual Meeting
McCormick Place, Chicago
RSNA2009.RSNA.org

For suite rate information, please e-mail *rsnaexh@experient-inc.com*

Terms and Conditions

Exhibitor agrees to abide by the terms and conditions of the Exhibitor Suite Request Form and the 2009 Exhibitor Rules and Regulations, which are made a part of this contract by reference and are fully incorporated herein. Due to the high demand for suites at Hyatt Regency McCormick Place Hotel, each company will be limited to three (3) suites at this hotel.

This form applies to all exhibitors requesting suites. Suites are over and above the allotted number of rooms determined by the RSNA Housing Formula. All suite requests will be processed on a first-come, first-served basis and must be received on this official Suite Request Form along with the appropriate deposit. If a suite is being requested for hospitality purposes only, please complete a Function Space Request Form. Please photocopy this form before completing. Print clearly.

Exhibitor Information:

Exhibiting Company

Official Housing Representative

( ) Telephone

( ) Fax

Address

City

State/Province

ZIP/Postal Code

Country

E-mail Address

Housing Change, Cancellations and Early Departures

Prior to November 4, 2009: Mail, fax or e-mail all name changes, arrival/departure date changes and room cancellations for deposit refunds to:

RSNA 2009/Experient
Exhibitor Housing
568 Atrium Dr.
Vernon Hills, IL 60061
Fax: 847-996-5415
e-mail: *rsnaexh@experient-inc.com*

November 4–16, 2009: Hotel reservations and deposits will be transferred from the housing bureau to the hotels and therefore cannot be altered during this period.

After November 16, 2009: Direct all name changes, arrival/departure date changes and room cancellations to the hotel.

Changes to Reservations

After November 4, 2009, changes to reservations are subject to availability and rate.

Changes made after November 4, 2009, and/or up to seven days prior to date of arrival that result in a reduction of total room nights will incur a $50 fee by the hotel.

Changes in arrival and departure dates less than one week prior to arrival that result in reduction of nights stayed may be considered cancellations by the hotel and may result in forfeiture of partial or all deposits paid.

Failure to check in at the hotel on your scheduled arrival day will result in forfeiture of your reservation and hotel deposit. The hotel will accommodate you on a space-available basis.

Early departures will result in the hotel retaining the fee for a one-night stay plus tax or the last night's room deposit of $150, whichever is less.

Room Cancellations

Reservations cancelled after **September 29, 2009**, and/or up to seven days prior to date of arrival will incur a $50 cancellation fee.

Cancellations received less than seven days prior to date of arrival will result in forfeiture of the full $300 deposit.

When canceling your room reservation directly with the hotel, please note the date and time of your call and with whom you spoke, and make sure to obtain a cancellation number.

Please identify the primary purpose for this suite (check one):

☐ Sleeping ☐ Hospitality/entertaining ☐ Both

If this suite is being requested for hospitality purposes only, please complete a Function Space Request Form, available at *RSNA2009.RSNA.org*.

Name of Occupant

1st Choice Hotel Name

2nd Choice Hotel Name

3rd Choice Hotel Name

Type of Suite:

☐ One Bedroom ☐ Two Bedroom

Other: _____

/ / Arrival Date

/ / Departure Date

Deposits

A first- and last-night room deposit totaling $300 is required for each reservation and must accompany this form (U.S. funds only).

Payment

To aid in processing your suite request correctly, please indicate how payment will be made.

☐ U.S. dollars by check payable to RSNA 2008 (Check Number _____)

☐ Credit Card

☐ American Express ☐ Discover Card

☐ MasterCard ☐ Visa

Credit Card Information

Card Number

Name As It Appears On Card

Signature (Required) Expiration

Total Enclosed . . . . . $ _____

Suite Request Forms submitted by fax or e-mail will NOT be accepted.

Mail completed form to: RSNA 2009 Experient Exhibitor Housing, 568 Atrium Dr., Vernon Hills, IL 60061 USA

For Office Use Only			
Date Received	Time Received	Form Sent Via	Payment