

HOTEL RESERVATION FORM

**Group Name: IEEE Computer Society ISSRE/ICSM/WESS 2000
8-14 October 2000**

Please include one night's deposit with this form.

Please mail or fax this form with check or credit card number to:

DoubleTree Hotel at San Jose Airport

2050 Gateway Place

San Jose, CA 95110

Phone: +1-408-453-4000

Fax: +1-408-437-2883

*Reservations must be made by **Friday, 15 September 2000**. Reservations made after this date are subject to availability of rooms and rates.*

Please Print

Name: _____
Last/Family First Middle Initial

Affiliation: _____

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Phone: _____ Fax: _____

Please indicate the type of room you prefer:

Single/Double/Triple/Quad* \$145

Smoking* Non-Smoking

Arrival Date: _____ Time: _____ Flight: _____

Departure Date: _____ Time: _____ Flight: _____

Deposit:

Enclosed is my check for one night's deposit

Credit Card: MasterCard Visa American Express Diners Club

Credit Card Number: _____ Expiration Date: _____

(Please type or print clearly)

Signature: _____

HOTEL INFORMATION: Reservations made after **Friday, 15 September 2000**, are subject to rate and room availability. Hotel rates do not include California State sales tax of 10.06%. Cancellations must be received by 72 hours prior to the arrival date or the first night's room rate plus tax will be charged.

* Note: Smoking and double bedded rooms are on a space available basis only.