Attendee Hotel Reservation Form

AAFP Family Medicine Experience

September 29 to October 3, 2015 • Denver, CO

Housing cutoff is August 26, 2015.

To arrange hotel accommodations, use one of the following options by August 26:

Internet — For immediate confirmation, make your hotel reservations online at www.aafp.org/fmx.

Fax — Complete this reservation form and fax with credit card information to AAFP/ Experient Housing Service.

(301) 694-5124

Mail
Complete this reservation form and return it to Experient Housing Service.

AAFP/Experient Housing Services
5202 Presidents Court, Ste. 310
Frederick, MD 21703

Phone
Contact Experient Housing Service.

8:00 a.m. – 5:00 p.m. CT, Monday – Friday
(800) 650-6915

Deposit/Guarantee

- Reservations require a credit card to guarantee the reservation. Credit cards will not be charged prior to scheduled arrival date. Reservations may be canceled without charge up to 72 hours prior to guest's scheduled arrival date. Failure to comply will result in forfeiture of deposit equal to one night's room and tax.
- For assistance with changes, cancellations, and room availability, continue to contact the AAFP/Experient Housing Service through September 8. Starting September 14, please contact the hotel directly with any changes or cancellations. Failure to cancel within the hotel's cancellation policy will result in a charge of one night's room and tax.
- When canceling a reservation by telephone with the hotel, record the date, cancellation number, and the name of the person accepting the cancellation.

Please Print or Type:

Reservation Name: _____

Daytime Telephone Number: _____

Fax Number: _____

Email (for confirmation): [ ]

Address (home or office): _____

_____

City, State, Zip: _____

Sharing Room with (include ages if younger than 19) _____

Hotel choices — based on: ____ Rate ____Hotel ____Location

1. _____

2. _____

3. _____

Arrival: _____ , 2015 Departure: _____ , 2015

Type of Room

☐ Single ☐ Double ☐ Triple ☐ Quad ☐ 1 bdrm ste ☐ 2 bdrm ste

☐ Special requests: based on availability
(Note: Special requests will be made on your behalf, but cannot be guaranteed.)

(Non-smoking room, double/double beds, cribs, etc.)_____

_____

Method of Payment for Guarantee/Deposit

☐ Charge to the following credit card *(check one):*

☐ Visa (13 or 16 digits) ☐ Mastercard (16 digits)

☐ Discover (16 digits) ☐ American Express (15 digits)

Card Number: _____ Exp Date:_____

Signature of Cardholder: _____

Printed Name: _____

AMERICAN ACADEMY OF FAMILY PHYSICIANS

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FAMILY MEDICINE EXPERIENCE
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