


Attendee Hotel Reservation Form


AAFP Family Medicine Experience

September 12-16, 2017 • San Antonio, TX


**Housing cutoff is
August 16, 2017.**

To arrange hotel accommodations, use one of the following options by August 16:

 **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. G100
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 August 23. Starting August 29, 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: _____, 2017 Departure: _____, 2017

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: _____

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