

# 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](http://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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FAMILY PHYSICIANS

**FMX**  
FAMILY MEDICINE  
EXPERIENCE