

**INDY WELCOME TO AMERICAN AGRICULTURE AND FOOD SCIENCE CONFERENCE  
(IAAFSC) Coordinated by FASS  
July 24-28, 2001  
HOTEL RESERVATION FORM**

**GENERAL INFORMATION**

Reservations can be made by choosing one of the following methods:

INTERNET: Book your reservation on-line at [www.indy.org/conventions](http://www.indy.org/conventions) or [www.fass.org/fass01](http://www.fass.org/fass01)

FAX: Send completed form to (317) 684-2492.

MAIL: Send completed form to ICVA Housing Bureau, One RCA Dome, Suite 100, Indianapolis, IN 46225-1060.

All reservation requests will be made through the Housing Bureau. **DEADLINE: Friday, June 15, 2001.**

**CONFIRMATIONS:** Confirmations will be sent after each reservation booking, modification and/or cancellation. **Review confirmations carefully for accuracy.**

If you do not receive a confirmation within 14 days after any transaction, please call the Housing Bureau.

**MODIFICATIONS/CANCELLATIONS:** Please review carefully. A one-night (plus 11% tax) advance deposit is required for each room requested. Checks will be deposited 30 days prior to arrival date. Credit card processing will be held until checkout. **A \$25 cancellation fee will be charged for reservations cancelled on or after Friday, May 25, 2001.** Reservations cancelled on or after Wednesday, July 18, 2001 or no shows will be charged by the hotel.

**MULTIPLE ROOMS:** For reservations of 5 rooms or more, rooming lists are due by **Friday, May 25, 2001.**

**HOTEL INFORMATION**

Type of room: 1 bed/1 person (1B/1P) \_\_\_\_\_ 1 bed/2 people (1B/2P) \_\_\_\_\_ 2 beds/2 people (2B/2P) \_\_\_\_\_  
 2 beds/3 people (2B/3P) \_\_\_\_\_ 2 beds/4 people (2B/4P) \_\_\_\_\_ Rollaway \_\_\_\_\_  
 Number of Rooms: \_\_\_\_\_ Arrival: \_\_\_\_\_ Departure: \_\_\_\_\_ Number of Nights: \_\_\_\_\_

Hotel requested: <i>(Number hotel preferences 1-7 under Choice)</i>	Choice	1B/1P	1B/2P	2B/2P	2B/3P	2B/4P
Comfort Inn City Centre (Designated Student Hotel)	_____	\$99	\$99	\$99	\$109	\$109
Courtyard by Marriott Downtown Indianapolis (Designated Student Hotel)	_____	\$107	\$107	\$107	\$107	\$107
Crowne Plaza Hotel & Conference Center at Union Station (Official Meeting Hotel)	_____	\$117	\$132	\$132	\$142	\$152
Hampton Inn Downtown (Official Meeting Hotel)	_____	\$114	\$114	\$114	\$114	\$114
Hyatt Regency Indianapolis (Co PSA & AMSA Headquarter Hotel)	_____	\$140	\$140	\$140	\$155	\$170
Indianapolis Marriott Downtown (ADSA Headquarter Hotel)	_____	\$140	\$156	\$156	\$163	\$173
The Westin Indianapolis (ASAS Headquarters Hotel)	_____	\$140	\$140	\$140	\$160	\$180

**Requests will be processed on a first-come, first-served basis.** If all your choices are unavailable, you will be placed in the next available choice that meets your requirements.

Special requests:  Smoking  Non-Smoking  Handicapped  Other \_\_\_\_\_ **Requests are not guaranteed.**

**DELEGATE INFORMATION**

First Name: \_\_\_\_\_ Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

International prefix and area code, if necessary: \_\_\_\_\_

Contact Name for Groups: \_\_\_\_\_

Additional Guests in Room:  
 1. \_\_\_\_\_  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_

**PAYMENT INFORMATION**

Credit Cards:  Visa  Mastercard  American Express  Discover  Other \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name of Cardholder: \_\_\_\_\_ Signature: \_\_\_\_\_

By signing, I authorize my credit card to be charged in compliance with the above referenced cancellation policies and procedures.

Checks: Check Number: \_\_\_\_\_ Amount: \_\_\_\_\_

Make checks payable to IAAFSC Housing Bureau • One RCA Dome, Suite 100 • Indianapolis, IN 46225-1060