

HOTEL RESERVATION REQUEST FORM

American Society for Enology and Viticulture
57th Annual Meeting – Sacramento, CA



COMPLETE THIS FORM AND A REGISTRATION FORM — SUBMIT BOTH FORMS BY MAIL
OR FAX (ONLY IF PAYING BY CREDIT CARD) TO:

Conference Registration
465 Forbes Blvd
South San Francisco, CA 94080
FAX: (888) 463-9278 or (650) 416-2499

**Deadline For Reservations For Convention Rates:
June 8, 2006**

Reservations processed on a first come, first served basis. Please
print or type all information, abbreviating if necessary. If more than
one room is required, this form may be photocopied.

DR. MR. MRS. MS.

FIRST NAME _____ LAST NAME _____

COMPANY _____

STREET ADDRESS OR P.O. BOX NUMBER _____

CITY _____ STATE/PROV. _____ ZIP/POSTAL CODE _____

COUNTRY (IF NOT USA) _____ FAX NUMBER (INCLUDE COUNTRY AND CITY CODES IF INTERNATIONAL) _____

PHONE NUMBER (INCLUDE COUNTRY AND CITY CODES IF INTERNATIONAL) _____ EMAIL ADDRESS _____

Arrival

DATE _____

Departure

DATE _____

Hotel Preference and Type of Accommodations:

PLEASE CHECK REQUIRED ROOM TYPE. ALL REQUESTS SUBJECT TO AVAILABILITY.

- Hyatt Regency Single/Double: \$145
Sheraton Grand Single/Double: \$145
Best Western Sutter House Single: 2 PEOPLE – 1 BED – \$105 Double: 2 PEOPLE – 2 BEDS – \$119

ROOM RATES DO NOT INCLUDE ROOM TAX AND TOURISM FEES.

SMOKING ROOM REQUESTED

SPECIAL REQUESTS: _____

CHECK IF YOU HAVE A DISABILITY REQUIRING SPECIAL SERVICES

Room Occupants: NAME ALL OCCUPANTS

NAME _____

NAME _____

NAME _____

NAME _____

Room Reservation Guarantee

ALL RESERVATIONS MUST BE GUARANTEED WITH A CREDIT CARD. YOU MAY GUARANTEE YOUR RESERVATIONS BY PROVIDING THE FOLLOWING CREDIT CARD INFORMATION WITH THIS HOUSING FORM AND SENDING IT DIRECTLY TO CONFERENCE REGISTRATION. AMEX, MASTERCARD, DISCOVER, VISA & DINER'S CLUB ARE ACCEPTED. TO MAKE CHANGES TO AN EXISTING RESERVATION, PLEASE FAX YOUR REQUEST TO (888) 463-9278 OR (650) 416-2499.

NAME AS IT APPEARS ON CARD _____

CARD TYPE _____ CARD NO. _____ EXP. DATE _____

YOUR REQUEST WILL NOT BE PROCESSED WITHOUT A CREDIT CARD NUMBER.

(MUST BE VALID AT LEAST THROUGH JUNE 2006)

AUTHORIZED SIGNATURE _____

4 WAYS TO REGISTER



ONLINE
www.asev.org



TELEPHONE
800-550-1496
or 650-416-2486



FAX
888-463-9278
or 650-416-2499



MAIL
Address at
bottom of form