

LODGING RESERVATION FORM
Learning Workshop and AI-Stats
March 19 – 24, 2007
San Juan, Puerto Rico



Name _____

Billing Address _____

City _____ State _____ Zip/Mail Code _____ Country _____

Business Phone: _____ E-Mail _____

LODGING:



Please note: Reservations requested after FEBRUARY 19, 2007 will be on a space available basis at non-group rate.

A two-night non-refundable deposit per room is required at time the reservation is made. Full payment of room and tax is required by FEBRUARY 19, 2007. This will be automatically charged to the credit card on file.

RATES: \$205 Single; \$225 Double; \$245 Triple; \$265 Quad (2 beds)

_____ BEDROOM(S) _____ 1 King Size Bed _____ 2 Double Beds
Please indicate your preference by checking one: _____ Non-Smoking _____ Smoking
Please check here if you require a handicapped room or have special needs: _____

Date of Arrival: _____ Date of Departure: _____ **TOTAL 2 NIGHT DEPOSIT \$** _____

***Rooms cancelled 15-29 days prior to arrival will be subject to two night's lodging charges (non-refundable deposit).
Rooms cancelled within 14 days prior to arrival will forfeit full payment.***

PAYMENT METHOD: (Please check one)

_____ VISA/MasterCard _____ American Express _____ Diners _____ Discover

Credit Card Number _____ Expiration Date _____

Signature: _____

I authorize the Caribe Hilton to charge my credit card for the full amount in total remittance in U.S. Dollars, converted to my country's currency. These fees will be credited to my individual folio.

Please send this form to: **Karen Smith**
NEC Labs America
4 Independence Way, Suite 200
Princeton, NJ 08540 USA
Fax: 609-951-2482
Email: karen@nec-labs.com