

2005 IEEE CEIDP Hotel Reservation Form

Sheraton Nashville Downtown Hotel
Nashville, Tennessee, USA, October 16-19, 2005
(Please type or print)

Name _____

Address _____

Address _____

City _____ State/Province _____

Zip/Postal Code _____ Country _____

Telephone _____ Fax _____

Email _____

Arrival Date _____ Departure Date _____

Type of Accommodation (please check one):

Single or Double Occupancy: \$126.00 + tax per night _____

Single or Double Occupancy, Club Level: \$156.00 + tax per night _____

Additional person: \$10.00 _____

Non-smoking _____ Smoking _____

Special Access Requirements _____

To ensure this rate, your hotel reservation and deposit for one night must be received by **September 16, 2005**. After this date reservations will be accepted on a space and rate availability basis.

Check in time is after 1600 (4 pm). Check out is 1100 (11 am).

Method of Payment:

Credit Card Type: American Express _____ Diners Club _____ Visa _____

Mastercard _____ Other (name) _____

Card Number _____ Exp. Date _____

Signature _____

Mail or fax this form to:

Sheraton Nashville Downtown Hotel
623 Union Street
Nashville, TN 37219 USA
Tel: 615-259-2000 or toll free (USA): 800-447-9825 ; Fax: 615-742-6057