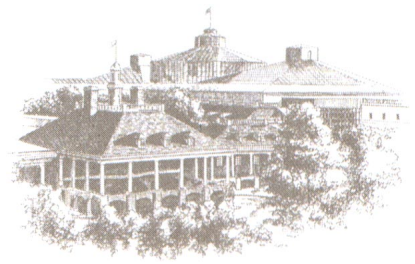


Welcome to OPRYLAND HOTEL®

2800 Opryland Drive, Nashville, TN 37214-1297
Reservations phone 615-883-2211/fax 615-871-5728
Guest phone 615-889-1000/fax 615-871-7741



Group Name: American Association of Physicists in Medicine

Group Code: N-AAPM

Group Dates: July 25 - 29, 1999

Refunds will be made only when cancellations are received at least 72 hours prior to scheduled arrival date. (Early departure \$50.00 fee)

Check-in 3 p.m. Check-out 11 a.m. Room occupancy. Children age 12 and under sharing room with an adult are free. The rate for additional person over age 12 is \$15 per person.

Arrival at Hotel by:
Auto - Self Parking Fee: **Complimentary**, Valet \$12 per day
Airport Shuttle: \$11 one-way, \$15 round-trip

All reservations confirmed on a space-available basis. Requests for reservations must be received by 7/4/99.

Airport Shuttle - Complimentary if you use Opryland Travel Agency.



Reservations require a deposit equivalent to one night's room and tax (tax is 12.25%). Opryland Hotel accepts deposits made by check, VISA, MasterCard, Carte Blanche, American Express, Diners Club, JBC or Discover.

A variety of suites can accommodate small meetings or large private receptions. For suite information and availability, please call our Suite Coordinator at 615-883-2211.

Opryland Hotel's Traditional accommodations include either two double beds or one king-size bed; Garden Terrace rooms also offer a balcony and/or view overlooking the indoor gardens.

All room type accommodations and other special requests may not be available. Should this be the case, the next available room type will be assigned.

- American Express
 Carte Blanche
 Discover
 JBC
 Diners Club
 MasterCard
 VISA

Inn at Opryland has a limited number of rooms available. Rates for single/double occupancy are \$95.00. Children age 12 and under sharing room with an adult are free. The rate for additional person over age 12 is \$10.00 per person.

Credit Card #

Exp. Date

To make reservations at the Inn at Opryland, please call 615-883-2211.

Group Name: American Assn. of Physicists in Medicine

Group Code: N-AAPM Estimated Time of Arrival: _____ am/pm

NAME: Last First

COMPANY:

ADDRESS:

CITY: STATE ZIP

PHONE: (Home)

(Business)

(Fax)

Room Selection*

Room Type	S	D	#	Rate
Garden Ter. Dbl	<input type="checkbox"/>	<input type="checkbox"/>	__	\$181/181
Garden Ter. Kng	<input type="checkbox"/>	<input type="checkbox"/>	__	\$181/181
Trad. Double	<input type="checkbox"/>	<input type="checkbox"/>	__	\$151/151
Trad. King	<input type="checkbox"/>	<input type="checkbox"/>	__	\$151/151

*S=Single D=Double #=Number of rooms

Special Requests (subject to availability)

- Rollaway Bed
 Crib
 Accessible
 Connecting
 Non Smoking

Other _____

Arrival
Month Day Year

Departure
Month Day Year