RETURN COMPLETED FORM TO KATHY SMITH AT ORCHID EVENT SOLUTIONS:

MAIL:

175 South West Temple, Suite 30 Salt Lake City, UT 84101

E-MAIL:

ksmith@orchideventsolutions.com

PHONE:

888-505-4486 US Toll-free 801-505-4603 International Hours: 7:00am-6:00pm MST, Mon-Fri

FAX:

801-355-0250

TERMS & CONDITIONS:

June 15, 2016: A complete rooming list with names and arrival/departure dates for each reservation must be submitted. After this date rooms without individual names will be released. Rooming list must be accompanied by a credit card guarantee for one night's room and tax for each room. Rooming lists received without a valid guarantee/deposit will not be processed.

Once your block is confirmed, you will receive a Block Confirmation Letter via email with instructions for submitting your rooming list.

DEPOSIT: Rooming lists must be accompanied by a credit card guarantee for one night's room rate and tax for each room reserved. Hotels may charge a one night's room and tax deposit for each room reservation on or after **June 15, 2016.** If a cancellation occurs after this date, the deposit will be forfeited. The credit card you use to guarantee each room must be valid through August 2016.

TAX DISCLAIMER: All rates are per room and are subject to 15% occupancy tax + 7.5% sales tax (subject to change).

CANCELLATION POLICY: Reservations cancelled after July 6, 2016 and prior to 48 hours before arrival date will be subject to a \$25 cancellation fee for each room cancelled charged by Orchid Event Solutions. Deposit of one night's room and tax will be forfeited entirely if cancellation occurs within 48 hours of arrival date.

EARLY DEPARTURE FEE: Hotel may charge an early departure fee if you check out prior to your scheduled departure date.

AAPM 2016 JUL 31-AUG 4



COMMUNICATING OUR VALUE. IMPROVING OUR FUTURE. 58TH ANNUAL MEETING & EXHIBITION | WASHINGTON, DC

2016 EXHIBITOR ROOM BLOCK REQUEST FORM

DEADLINE: JUNE 15, 2016 (requests for 10 or more rooms)

CONTACT INFORMATION

Address: City/State/Province: Zip/Postal Code/Country: E-mail (required to receive confirmation): Phone: Fax: HOTEL PREFERENCE Review hotels below and indicate your hotel choices in order of preference. Region be honored on a first-come, first-served, space available basis. Submit your request as possible for the best opportunity of receiving your hotel choice. Rank Hotel Preference Washington Marriott Marquis (Headquarter Hotel) Embassy Suites DC Conv Ctr Hampton Inn Downtown Conv Ctr Grand Hyatt Washington Renaissance Downtown Washington Marriott/Metro Center \$235 Single or Double Washington Marriott/Metro Center \$225 Single or Double Below, please indicate the number of rooms (by bed type) you require each night ingight by night room block (pattern) that you select will affect your hotel placement therefore, be accurate and conservative.										
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Grand Hyatt Washington \$235 Single or DoubleRenaissance Downtown \$235 Single or DoubleWashington Marriott/Metro Center \$225 Single or Double Below, please indicate the number of rooms (by bed type) you require each night by night room block (pattern) that you select will affect your hotel placement therefore, be accurate and conservative. Room Type 7/27 7/28 7/29 7/30 7/31 8/1 8/2 8/3 WED THU FRI SAT SUN MON TUE WED One Bed: Two Beds:	Embassy Suites DC Conv Ctr				\$249 Single or Double					
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\square I have read and agree to the Terms & Conditions.	□ I have read and	d agree	to the Te	erms & C	Conditio	ns.				
Name: Signature:	Name:				_ Signat	rure:				
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To request a suite, please contact ksmith@orchideventsolutions.com or call 801-505-4104.