

HOUSING REQUEST FORM
for
CERTIFICATION EXAMINATION IN NUCLEAR CARDIOLOGY
October 28, 2001
7:45 AM to 12:45 PM (Central time)

Please indicate the number of rooms* requested at the special rate for candidates taking the exam.

*Rooms available for the night of Saturday, October 27 only.

No. of rooms: _____ @ \$145 Single Occupancy _____ @ \$195 Triple Occupancy
 _____ @ \$170 Double Occupancy _____ @ \$220 Quad Occupancy

Note: All reservations must be made by September 27, 2001.

All rates are subject to 12.5% state, local and occupancy tax per room night. (Tax as of 2/1/01)

Please supply the following information:

Date of Arrival: _____ Time of Arrival: _____

Date of Departure: _____ (check-in time is 3 pm; check-out time is 12 noon)

Sharing Room With: _____

Request Non-smoking Room? _____

Name: _____

Affiliation/Institution: _____

Street Address: _____

City: _____ State: _____ Country: _____ Zip: _____

Office Telephone Number: _____

The Hyatt Regency O'Hare Hotel cannot hold reservations after 4:00 pm on the day of arrival without having the reservation guaranteed with a check OR major credit card in an amount equal to the first night's stay. Deposits are refunded only if cancellation notification is received by the hotel at least 24 hours prior to the scheduled arrival.

Enclosed is my check OR Please charge my:
 MasterCard Visa American Express Discover

Acct.#: _____ Exp.Date: _____

Cardholder Signature: _____

RETURN THIS FORM TO:
Hyatt Regency O'Hare Hotel
9300 West Bryn Mawr
River Road at Kennedy Expressway
Rosemont, Illinois 60018
Phone: 847-696-1234. Identify your reservation with CBNC.

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To guarantee rates listed above, reservations must be received by the hotel by September 27, 2001.