OFFICIAL HOUSING RESERVATION FORM • HOTEL RESERVATION DEADLINES BEGIN MARCH 22, 2012

Official Housing Partner ONPEAK

IMMUNOLOGY™ 2012

May 4-8, 2012
John B Hynes Veterans Memorial Convention Center
Boston, MA

Four Ways to Book

www.IMMUNOLOGY2012.org | IMMUNOLOGY@onpeakevents.com | (866) 575 4155 US Toll-free / (312) 527 7300 Local | (312) 329 9513 Fax

1 Contact Information

You can expect to receive a confirmation within 72 hours. If you do not, please contact us.

Name: _____

Company: _____

Address: _____

City: _____ State: _____

ZIP/Postal Code: _____ Country: _____

Phone: _____

Fax: _____

Email: _____

2 Category

☐ Attendee ☐ Exhibitor

Travel Discounts

Book discounted travel through onPeak or directly with the travel companies below.
onPeak / www.IMMUNOLOGY2012.org / (866) 575 4155

AmericanAirlines®
5% Discount / www.aa.com / (800) 433 1790 / Discount Code 2852BY

DELTA
2-7% Discount / www.delta.com / (800) 328 1111 / Discount Code NM8UV

Official Hotels, Rates & Map

onPeak BEST RATE pledge

- The lowest available room rates at event hotels have been specially negotiated.
- Other booking channels are continuously monitored to track down rival rates.
- Event rates are re-negotiated when necessary and the lower rates are applied to already-booked rooms.

HEADQUARTER HOTEL

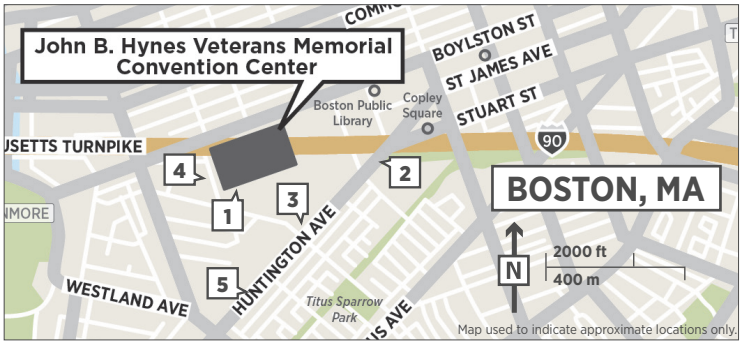
1. **Sheraton Boston Hotel** 39 Dalton St
   Single/Double: $230
2. **Boston Marriott Copley Place**
   110 Huntington Ave
   Single/Double: $230
3. **Colonnade Hotel** 120 Huntington Ave
   Single/Double: $229
4. **Hilton Boston Back Bay** 40 Dalton St
   Single/Double: $220
5. **MidTown Hotel** 220 Huntington Ave
   Single/Double: $135

Rates do not include current tax of 14%, subject to change.

Hotel Extras

Save even more with complimentary promotions only available to guests staying in the official IMMUNOLOGY™ 2012 hotel block.

Wireless Internet Access



3 Hotels

Reservations are by request and will be processed on a first-come, first-served basis.
Enter your hotel choices in order of preference

1: _____ Rewards Number _____

2: _____ Rewards Number _____

Special Requests

☐ I am in need of an ADA-accessible room; I may need special assistance from my hotel in the event of an emergency.
☐ I am interested in discounted airfares or car rental rates.

4 Booking Details

Name: _____ ☐ Non-Smoking

Company: _____ ☐ Smoking

☐ **This is an Individual Booking** 1 Room

Arrival Date: _____ (MM / DD / YY) Departure Date: _____ (MM / DD / YY)

Name of person(s) sharing the room: _____

Room Type: ☐ Single ☐ Double 1 Bed ☐ Double 2 Beds ☐ Triple ☐ Quad

☐ **This is a Group Booking** 2+ Rooms

Use this grid to indicate your room type(s) and number of rooms you are requesting per night. For more space, attach an additional page — or log on to www.IMMUNOLOGY2012.org where you can easily make your group booking through our online system.

Room Type	Weds, May 2	Thurs, May 3	Fri, May 4	Sat, May 5
Room Type	**Sun, May 6**	**Mon, May 7**	**Tues, May 8**	Weds, May 9

Event Dates

Names can be added to rooms at a later time. Please note that all names must be provided by March 30, 2012.

5 Payment Information & Cancellation Policy

Payment Guarantee: No charges are incurred at the time of booking, however, a payment guarantee is required to hold your reservation in the amount of one night's stay at the confirmed hotel plus current tax of 14%, subject to change. The hotel will charge payment to the credit card used to check in. Please refer to your confirmation for full details, which may vary per hotel. **Cancellation Policy:** Reservations cancelled less than 72 hours from the confirmed check-in date or not cancelled at all (no-show) are subject to a financial penalty in the amount of the payment guarantee. Please refer to your reservation confirmation for full policy details, which may vary per hotel.

Payment Method

☐ **Credit Card**

Card Type: _____
American Express, Diners Club, Discover, MasterCard and Visa cards are accepted

#: _____ Expiration Date: _____ (MM/YY)

Name: _____
As it appears on card

Signature: _____

☐ **Check**

#: _____ $ _____
Check Enclosed

Credit Card information must be provided to guarantee reservation until check arrives. Check must accompany this completed form and arrive no later than **March 6, 2012**. Make check payable to onPeak, LLC. Add current tax of 14%, subject to change. Mail to: IMMUNOLOGY™ c/o onPeak; 350 N Clark St, Ste 200; Chicago, IL 60654.