NEW ORLEANS Marriott

HOTEL REGISTRATION FORM

AMERICAN SOCIETY OF PERIANESTHESIA NURSES FOUNDED 1980

The New Orleans Marriott is Pleased to Welcome...

AMERICAN SOCIETY OF PERIANESTHESIA NURSES
APRIL 18 - 22, 2010
CUT-OFF DATE: MARCH 9, 2010

	SINGLE	DOUBLE	TRIPLE	QUAD
**CONVENTION RATES:	$189	$199	$209	$219

RESERVATIONS RECEIVED AFTER CUT-OFF DATE WILL BE ACCEPTED AT PREVAILING RACK RATE ON SPACE AVAILABLE BASIS (If group block fills prior to the cut off date, reservations will be accepted based on space and rate availability).

**RATES DO NOT INCLUDE 13% CITY TAX AND $3.00 PER ROOM, PER NIGHT HOTEL TAX

THE NEW ORLEANS MARRIOTT
555 CANAL STREET
NEW ORLEANS, LA 70130
PHONE: 504-581-1000 FAX: 504-553-5625, 1-800-228-9290 www.marriott.com/msyla
Group Code: asnasna

To make your reservation we request that you either:
1) Send a check or money order covering the **first night's deposit** - *OR* -
2) Fill in the *entire* number of your following credit card: AMERICAN EXPRESS, DINERS CLUB, VISA, MASTERCARD, CARTE BLANCHE OR DISCOVER. *Don't forget the expiration date and your signature.*
3) Please secure your room reservation before booking your airline ticket.

The New Orleans Marriott requires one of the above methods of deposit payment to confirm ANY reservation. Hotel will not hold any reservations unless secured by one of the above methods.
Credit Card Guarantees and Deposits will be refunded only if cancellation notification is received by 72 hours prior to arrival.

Name (Print) _____

Address _____

City _____ State _____ Zip _____

Phone ( ) _____ Organization/Firm _____

Please Reserve _____ Rooms for _____ People for Arrival on _____ (DAY & DATE) & Departure on _____ (DAY & DATE)

Room Type Preferred:** _____ Estimated Arrival Time _____

❑ 1st Available/No Preference ❑ King Bed Non-Smoking ❑ 2 Double Beds Non- Smoking ❑ Accessible Room
** Every effort will be made to accommodate your preferred room type!

Name (s) of person(s) sharing accommodations _____

Method of Payment: _____ Marriott Rewards # _____

Credit Card Type: _____

Credit Card Number: _____ Expiration Date _____

Check or Money Order is Enclosed $ _____ (AMOUNT)

I authorize the New Orleans Marriott Hotel to retain my money order/check deposit or charge my credit card for the first Night's stay if reservation is canceled within the 72 hour window.

Signature _____

Check out time is 12:00 Noon. Rooms may not be available for check-in until after 3:00 P.M.

RESERVATIONS REQUESTED AFTER MARCH 9, 2010 AND/OR AFTER THE ROOM BLOCK IS FILLED ARE SUBJECT TO AVAILABILITY AND MAY NOT BE AVAILABLE AT THE GROUP RATE.

*Any comments should be included with this form. Room types are assigned at check-in.

PLEASE CHECK TYPE OF ROOMS REQUESTED

❑ Singles:
1 Bed **$189.00**

❑ Doubles:
2 Beds, 2 Persons. **$199.00**

❑ Triples:
3 Persons **$209.00**

❑ Quads:
4 Persons **$219.00**

❑ Suite . . . . . Call for pricing

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***DO NOT FAX THIS PAGE TO ASPAN! FAX TO NEW ORLEANS MARRIOTT ONLY!