

HOTEL RESERVATION REQUEST FORM

INSTRUCTIONS

- PRINT or TYPE names of EACH ROOM OCCUPANT, last name first.
- All reservation requests MUST originate through The Obesity Society's housing company, Wyndham Jade. If you contact hotels directly, they will advise you that they are sold out, as rooms are blocked for Annual Scientific Meeting assignment through the official housing company only.
- Reservations are taken on a first-come, first-served basis.
- If you require 10 or more rooms, or would like to reserve a suite, please contact The Obesity Society's housing company, Wyndham Jade, for the appropriate housing agreement form: 1-888-241-8405 (US/Canada) or 972-349-7485 (International).

CHANGES OR CANCELLATIONS

Reservation changes, i.e., name changes, arrival/departure revisions, and cancellations, should be submitted to NAASO, The Obesity Society, Housing at:

Fax: 972-349-7715

Phone: 1-888-241-8405 (US/Canada) or 972-349-7485 (International)

E-Mail: naaso@wyndhamjade.com

Reservations must be received before **SEPTEMBER 20, 2006**, via online, fax, phone, or mail.

GUARANTEE

A credit card is required to guarantee all reservations. Visa, MasterCard, and American Express are acceptable for guarantee. All guarantees MUST be processed through The Obesity Society. No reservations will be made without a guarantee. All cancellations must be received 7 days prior to your scheduled arrival.

SHERATON BOSTON HOTEL
 (HEADQUARTERS HOTEL)
 39 Dalton Street
 \$239 single/double

HILTON BOSTON BACK BAY
 40 Dalton Street
 \$209 single/double

MARRIOTT COPLEY PLACE
 110 Huntington Avenue
 \$239 single/double

WESTIN COPLEY PLACE
 10 Huntington Place
 \$245 single/double

HOTEL INFORMATION

Hotel 1st Choice _____ Hotel 2nd Choice _____

Room Type

1 Bed 2 Beds

Request room accessible to people with disabilities.
 (Please attach a separate sheet indicating special needs.)

CREDIT CARD INFORMATION

MasterCard Visa American Express

Card Number _____

Expiration Date (month/year) _____

Print Card Holder's Name _____

Signature _____

Date _____

Please supply names of all people requesting room reservations. Please print or type.

Primary Occupant (last name first)

Share With _____

Share With _____

Share With _____

Arrival Date _____ Departure Date _____

Arrival Date _____ Departure Date _____

Arrival Date _____ Departure Date _____

Arrival Date _____ Departure Date _____

Confirm To (confirmation will be sent to person listed below)

Name _____

Company _____

Street Address _____

City _____ State/Prov. _____ Zip _____

Country _____

E-Mail _____

Phone _____ Fax _____

Mobile Phone _____

ONLINE, FAX, PHONE, OR MAIL

ONLINE www.naaso.org/annualmeeting06

FAX completed Hotel Reservation Request Form to 972-349-7715

PHONE 1-888-241-8405 (US and Canada only), 972-349-7485 (International)

MAIL completed Hotel Reservation Request Form to:
 NAASO, The Obesity Society, Housing, c/o Wyndham Jade,
 PO Box 678192, Dallas, TX 75267-8192 USA

OVERNIGHT completed Hotel Reservation Request Form to:
 NAASO, The Obesity Society, Housing, c/o Wyndham Jade,
 6400 International Parkway, Suite 2500, Plano TX 75093 USA

Wyndham Jade is the official housing company for the 2006 Annual Scientific Meeting of NAASO, The Obesity Society. Reservations made through any other company are not guaranteed.

NAASO, The Obesity Society, reserves the right to accept, reject, or condition acceptance, based on The Obesity Society's sole discretion, for any reason, which need not be disclosed to the applicant. Attendees agree to hold harmless The Obesity Society and the Facilities for any damages or injuries to property or individuals that may occur during the conference.