



**2008 BIO National Venture Conference
April 21-23, 2008**

In order to guarantee hotel accommodations we ask that you provide us with the information below.

SECTION 1: Key Contact Name _____ **E-mail** _____
(Acknowledgement will be sent to key contact ONLY)

Hotel Guest's Last Name _____ **First Name** _____

Company/Organization _____

Address _____ **City** _____

State/Province _____ **ZIP/Postal Code** _____ **Country** _____

E-mail _____ **Phone** _____ **Fax** _____

SECTION 2: Hotel Requirements

Accommodations will be reserved at the Hyatt Regency Cambridge. Fill out this form and fax to 1-617-441-6449 (reservations only).

**Hyatt Regency Cambridge
575 Memorial Drive
Cambridge, MA 02139**

Room Types Available:

- Run of House Room Single / Double – \$229.00 (subject to availability)

Room rates are exclusive of applicable state and local taxes, currently 12.45% and subject to change.

Arrival Date _____

Check-in is 3:00pm

Departure Date _____

Check-out is noon

***Special Request** Non Smoking One King Bed Two Double Beds
 ADA Room Required Audio Visual Mobile

* Hotel will try to honor all special requests, however, they cannot be guaranteed.

Comments _____

SECTION 3: Payment and Cancellation (Refund) Information

All reservations must be accompanied by a deposit equal to the amount of one night's room rate plus tax (currently 12.45% and subject to change). Credit cards will be charged at the time reservation is made.

The Hyatt Regency Cambridge will enforce a 24 hour cancellation penalty. To avoid a penalty, the hotel must receive your cancellation at least 24 hours prior to the scheduled arrival date. Please be sure to secure a cancellation confirmation number from the hotel.

Cancellations received by the hotel less than 24 hours prior to arrival will incur a penalty of one night's room and tax.

Payment American Express Visa Master Card Discover

Card Number _____ **Exp. Date** _____

Name on Card _____