

# WAAVP-2003 Accommodation Form

Sheraton New Orleans Hotel 10-14 August, 2003

**PLEASE NOTE:** **On-line registration is not available for hotel booking.**  
**Print form or contact Sheraton Hotel Directly.**

Please use **BLOCK CAPITALS** for completing this form and **submit it to the Sheraton New Orleans Hotel;**  
500 Canal St., New Orleans, LA 70130 USA (Mail) or FAX: 1-504-561-0178.

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Address: \_\_\_\_\_

Apt/Suite: \_\_\_\_\_

City/State: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Telephone: \_\_\_\_\_ FAX: \_\_\_\_\_

**Room type:**

	<u>Main House</u>	<u>Club Level</u>
Single (non-government)	___ (\$135 + tax)	___ (\$165 + tax)
Single (government)	___ (\$89 + tax)	___ (\$119 + tax)
Double (non-government)	___ (\$135 + tax)	___ (\$165 + tax)
Double (government)	___ (\$89 + tax)	___ (\$119 + tax)
Triple	___ (\$145 + tax)	___ (\$175 + tax)
Quad	___ (\$155 + tax)	___ (\$185 + tax)
Suite	___ (\$375 + tax)	___ (\$700 + tax)
Additional persons	___ (\$25 + tax)	___ (\$25 + tax)

Arrival date: \_\_\_\_\_ Departure date: \_\_\_\_\_

No. nights: \_\_\_\_\_ Special requests: \_\_\_\_\_

**Reservation Guarantee requires a credit card:**

\_\_\_ **Visa** \_\_\_ **Master Card** \_\_\_ **American Express** \_\_\_ **Discover**

Card No: \_\_\_\_\_ Exp. date: \_\_\_\_\_

Name of cardholder (Please PRINT): \_\_\_\_\_

**Note:** Rooms will be allocated on a first come first serve basis. It is advisable to book as early as possible. Confirmation for all forms of reservations (on-line, mail or FAX) will be issued by mail or FAX (if FAX number is provided).