

Radisson Hotel Old Town Alexandria

** This page must be printed, reservation criteria filled out and received at the Radisson Hotel by*

September 11, 1999

(Reservations received after this date will be based on space availability basis only.)

Reservations will be confirmed via email

Group:	5 th Annual International Conference of Principles of Constraint Programming
Conference Dates:	October 12 through October 16, 1999 (hotel nights Oct 11-Oct 15)
Rate:	\$115 per night plus tax for Single/Double Occupancy

To ensure rate and room availability, fax or mail your reservation to the Reservations Department:

Radisson Hotel Old Town Alexandria
901 North Fairfax Street
Alexandria, VA 22314
(Fax) 1-703-683-7597 or (Fax) 1-703-688-5750

Please print legibly

Name: _____

If shared accommodations: _____

Address: _____

Email Address: _____

Telephone: _____ Fax: _____

Arrival Date: _____ Time: _____ Departure Date: _____ Time: _____

Please Reserve _____ room(s) for _____ person(s).

Room Type preference: Single Double
(please circle all that apply) Smoking Non-smoking

Credit Card # _____ Exp Date: _____

[] American express [] Visa [] Diners [] Discover [] MasterCard

FIRST NIGHT DEPOSIT OR MAJOR CREDIT CARD NUMBER REQUIRED. A guaranteed payment assures you that a room will be held on your day of arrival. You will be billed for the first night's room revenue if the reservation is not cancelled 24 hours prior to arrival. Cancellation telephone number is (703) 683-6000.

For hotel use: Date Received by Hotel: _____ Confirmation Number: _____