

**HYATT REGENCY LEXINGTON**  
**ROOM RESERVATION FORM**  
*for the*  
**2003 International Ash Utilization Symposium**  
 October 20-22, 2003

Mail: 401 W. High Street  
 Lexington, KY 40507  
 USA

Phone: 859-253-1234, 800-233-1234  
 Fax: 859-233-7974

**FAX or MAIL or PHONE**

Special **rates** for this Symposium: **US\$119.00+tax single, US\$129.00+tax double**

At the present time, the hotel tax rate in Lexington is 12.4%.

A **limited** number of rooms will be available at this rate **until they are sold out**.

On **September 18, 2003**, any remaining unsold rooms in this block will be released to the general public. Rooms sold after this date will be on a rate and space availability basis only.

**PLEASE MAKE RESERVATIONS EARLY!**

**We suggest that you secure your reservations before July 1, 2003**

Please complete the following:

<u>Dates of reservation</u>	<u>No. of rooms needed</u>	Disability-related needs, if any:
Arrival date: _____	Single person rooms: _____	_____
Departure date: _____	Double person rooms: _____	_____
	Full name of additional person: _____	_____
	Upgrade to Business Plan (additional US\$20.00/night): _____	_____

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

Organization: \_\_\_\_\_

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

State or Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_

Home telephone: \_\_\_\_\_

Work telephone: \_\_\_\_\_

I understand that I am responsible for one night's room and tax which will be deducted from my deposit or billed through my credit card in the event I do not arrive or cancel within 24 hours of the arrival date indicated.

Signature \_\_\_\_\_

**Reservation Guarantee**

Check one:

\_\_\_\_\_ Check enclosed

\_\_\_\_\_ Credit card (Amex, DC/CB, Visa, MasterCard, Discover, JCB)

Credit Card Number

\_\_\_\_\_ Exp \_\_\_\_\_

Gold Passport G \_\_\_\_\_

Check in time is 3:00 p.m.; Check out time is 12:00 noon

Please do not mail this form if you have already made your reservations.