

OMNI SHOREHAM HOTEL, WASHINGTON, DISTRICT OF COLUMBIA

**THE BIOELECTROMAGNETICS SOCIETY
HOTEL RESERVATION FORM**

BEMS room rates are \$150/single and \$170/double occupancy and are exclusive of taxes. **The BEMS block of sleeping rooms is available 6/15/2004 thru 6/27/2004.** Reservations are non-transferable. Check in time is 3:00PM and check out time is 12:00 (noon).

DELUXE KING _____ DELUXE QUEEN/QUEEN _____ ADA ACCESSIBLE _____

SMOKING _____ NON-SMOKING _____

Please complete the information below. A credit card guarantee or a one-night deposit is required. Cut off date is 6/01/2004. After that date, reservations will be taken only on a space available basis. Deposit becomes non-refundable 72 hours prior to arrival. **No-shows and cancellations within 72 hours of arrival date will be charged for the entire stay.**

NAME: _____ SHARED WITH: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____ FAX: _____

ARRIVAL DATE: _____ FLIGHT NUMBER & TIME: _____

DEPARTURE DATE: _____ FLIGHT NUMBER & TIME: _____

Please Return this Form and One Night's Deposit or Completed Credit Card Information to:

**Omni Shoreham Hotel
Reservations
2500 Calvert Street, NW
Washington, District of Columbia 20008
Fax 1-202-756-5145
Tel. 1-202-756-5125 or 1-800-843-6664**

CREDIT CARD INFORMATION:

CARDHOLDER NAME: _____ EXP. DATE: _____

TYPE OF CARD: _____ CARD NUMBER: _____

CARDHOLDER SIGNATURE: _____

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