

HOTEL REGISTRATION FORM

Visualization '98 October 18 - October 23, 1998

Sheraton Imperial Hotel, Research Triangle Park, NC

P.O. Box 13099 • Research Triangle Park, NC 27703

Phone: 919-941-5050 Fax: 919-941-2958

Name _____
First Middle Initial Family Name

Organization or Affiliation _____

Organization Address _____

Organization Telephone _____

City _____ State _____ Zip _____

Country _____ FAX _____

Room type desired:

- | | | | |
|--------------------------|-------------|--------------------------|-------------|
| <input type="checkbox"/> | 1 King | <input type="checkbox"/> | Two Doubles |
| <input type="checkbox"/> | Non-Smoking | <input type="checkbox"/> | Smoking |
| <input type="checkbox"/> | Club Level | | |

Arrival _____ Departure _____

I have the following special needs: _____

To guarantee with credit card: **(MANDATORY!)** *Circle one*

Visa Master Card Amex Diners CarteBlanche Discover

Card Number: _____

Expiration date: _____

Print Name as shown on credit card:

Signature: _____

PLEASE RETURN BY MAIL OR FAX BY SEPTEMBER 25, 1998 TO:

Sheraton Imperial Hotel • P.O. Box 13099 • Research Triangle

Park, NC 27703 • Fax: 919-941-2958