ATOS 52nd ANNUAL CONVENTION HOTEL REGISTRATION FORM

GRAND ORGAN TOUR 2007 OF MID-ATLANTIC STATES

Marriott
NEW YORK MARQUIS

HEADQUARTERS HOTEL: MARRIOTT MARQUIS TIMES SQUARE, NEW YORK CITY

Submit this housing request via fax or mail, or you may make reservations online, (see below).

*Rooms are assigned based on the order received and your stated preferences. To obtain sensational super discounted ATOS $199 group rate, reservation must be made using ATOS convention group name ("theatre organ soc") or group code (*ATOATOA*).*

HOTEL RESERVATION DEADLINE: Friday June 8, 2007

Register for hotel on-line: http://cwp.marriott.com/nycmq/atos2007
For more information: Hotel direct web link: http://nymarriottmarquis.com
or
Mail completed form to: Marriott Marquis Times Square, 1535 Broadway, New York, NY 10036
Please write "Attn: Group Housing" on envelope. Use one form per room.
or
FAX: 1-212-704-8930 - please include "Attn: Group Housing" on cover sheet.

Marriott U.S.A. reservations: 1-800-228-9290 Marriott reservations from U.K. & Ireland: 00800-1927-1927
From Australia: 1800-302-738 New Zealand: 0800-443-320 U.S. hotel direct phone: 1-212-398-1900

Check box for accommodations desired (Prices in U.S. Dollars):

☐ Single (1 bed, 1 person) $199 ☐ Double (1 bed, 2 people) $199 ☐ Double/Double (2 beds, 2 people) $199

☐ Triple (2 beds, 3 people) $229 / Special Request(s) Based on Availability / Maximum 3 guests per room

Payment: Reservations require a credit card guarantee or advance deposit by check or money order equal to one night's room and tax. Room rates shown above do not include additional New York taxes of 15% (approximately $30 per night at group rate). Deposits made by check or money order should be in the amount of $229.12 USD for a single or double room.

All cancellations must be made 48 hours prior to arrival to avoid being charged one night's room and tax.

2. Payment Information

☐ Check enclosed, 1 night deposit payable to MARRIOTT MARQUIS HOTEL — TOTAL ENCLOSED $ _____

☐ Charge DEPOSIT to credit card (MasterCard or VISA, Amex, Discover)

Card number _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ Expires _ _ / _ _

Name as it appears on card (please print legibly) _____

Signature _____
(required for credit card payment)

3 Room occupant information *(please print information clearly)*
NOTE: Hotel check-in time is 3 p.m. and check out time is 12 noon.
Check-in date _____
Check-out date _____

Name: _____ Telephone: _____
First Middle Init. Last

Additional name _____ Email: _____

Additional name _____ State/Prov. _____ Country _____

Address: _____ Zip/Post code _____
Street #, Apt #. or PO Box # + CITY

PLEASE REGISTER for ATOS CONVENTION on separate form – All convention events, schedules & artists are subject to change or cancellation without notice