

HOTEL REGISTRATION FORM

Rate	Room Type Request	Deposit Enclosed
\$137 ___	Standard Single	___ One Night's Room Charges
\$137 ___	Standard Double	___ x 13.25% (tax)
\$147 ___	Standard Triple	___ = Total Deposit
\$147 ___	Standard Quad	

If using a major credit card, please give the following information:

___ Amex	Card No. _____
___ Visa	
___ MC	Exp. Date _____
___ Carte Blanche	
___ Discover	Signature _____
___ Diner's Club	

Name _____
Mailing Address _____
City _____
State _____
Zip Code +4 _____
Number of People _____
Arrival Date/Time _____
Departure Date _____

All reservations must be accompanied by a deposit of one night's room charges (including taxes which are currently 13.25%) which will be applied to your first/last night's stay. Refunds will only be given when cancellations or revisions are made at least 72 hours prior. Early departure will forfeit the deposit unless 72 hours advance notice is given.

ALL RATES SUBJECT TO
PREVAILING TAXES

Special Requests:

*Connecting Room ___ * King ___
*Disabled Room ___ *2 Beds ___
*Circle one: Smoking / Non Smoking
*Crib ___
*Other _____

All special requests will be noted but cannot be guaranteed, due to the overall hotel availability.

Check-in Time: After 2PM

Check-out Time: Noon

*Room may not be available
prior to 3PM based on prior
night occupancy.

CALL for Reservations: 800-327-6618
or 615-255-8400
or FAX this form to: 615-255-8163
or MAIL this form to:

Renaissance Hotel
ATTN: Reservations
611 Commerce Street
Nashville, TN 37203-3725

DEADLINE TO RECEIVE
CONFERENCE RATE:

SUNDAY, FEBRUARY 24, 2002