

December 7-9, 2009 Hilton Baltimore, Baltimore, MD

Please type or print

Last Name (Family Name).....First Initial

Address Mail Stop:

State/Country Zip Code

Telephone No. ()..... Fax No. ().....

Email:

Date of Arrivalat am/pm

Date of Departure at am/pm

Please reserve accommodations as indicated. Group Code IEE.

_____ Single/Double @ \$199

MAIL this form and deposit to:
Reservations
Hilton Baltimore
401 W. Pratt Street
Baltimore, MD 21202 USA
Toll-Free: 1-800-HILTONS
Hotel: 443-573-8700
Fax: 443-683-8841

Check off room type desired. All rooms are subject to a 13.5% city tax.

RESERVATION DEADLINE: NOVEMBER 6, 2009 after which time RATES & AVAILABILITY CANNOT BE GUARANTEED. Rooms must be guaranteed by a credit card or an advance deposit. The hotel will send a confirmation.

GUARANTEED RESERVATIONS: Indicate one of the following:

A. Credit Card

Card Number Exp. Date

Signature

B. First Night Deposit Enclosed \$ _____

Make check payable to: Hilton Baltimore (US dollars only)

Mail or fax this form to the Hilton Baltimore to reserve a room under the IEDM room block*.