



Ion Beam Meeting
Rutgers University

May 22- 26, 2005

NAME _____ PHONE _____

(Please Print Clearly)

STREET ADDRESS _____

CITY/STATE/ZIP _____

ARRIVE ___/___/___

DEPART ___/___/___

ROOM TYPE REQUESTS: (Please circle one of each category)

Standard Rooms:

Bed Size:View:	View Type:	Rates:
King	Bay View	Bay view \$ 129
Two Doubles	Non view	Non - view \$ 99

Deluxe Rooms:

Bed Size:View:	View Type:	Rates:
King	Bay View	Bay View \$ 149
Two Queens		

METHOD OF PAYMENT:

CHECK ONE: VISA MC DISCOVER AMEX DI

Signature _____ exp. ___/___

You have 48 hours prior to the date of your arrival
To cancel your reservation without being charged.

The conference room block will be released **April 18, 2005**.

QUESTIONS Call 1-800-328-5033
Fax: 207-347-7997