



HOUSING RESERVATION FORM – CROWNE PLAZA HOTEL
Frontiers in Optics 2009 (FiO)
Laser Science XXV (LS)
October 11-15, 2009 • San Jose, California

Name: _____

Organization: _____

Address: _____

City: _____

State/Province: _____ Country: _____

ZIP/Postal Code: _____

Telephone: _____ Fax: _____

E-mail Address: _____

Daytime Phone: _____

Arrival Day/Date: _____ Departure Day/Date: _____

Room Type Requested (please note room type is not guaranteed until check-in):

Single Double (two persons) King Bed Two Double Beds

Single Double Triple Quad

Standard \$139 USD \$139 USD \$159 USD \$179 USD

NOTE: To guarantee your reservation, please enclose a check in the amount of one night's rate & tax, or complete the credit card information. Deposit is fully refundable if cancellation is received by hotel 72 hours prior to arrival.

Credit Card Type _____

Card Number _____ Exp.Date _____

Signature _____

Hotel reservations must be received by the hotel no later than **September 11, 2009**. Check-in time is after 3:00 P.M. and checkout time is before 12:00 P.M.

Mail or fax reservation request and deposit to:

Crowne Plaza Hotel
282 Almaden Blvd.
San Jose, CA 95113
Phone: +1 408.998.0400
Fax: +1 408.289.9081