



HOUSING RESERVATION FORM – THE SAINTE CLAIRE
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

Standard \$155 USD \$155 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. Extra person charge is \$25.00.

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:

The Sainte Claire, A Larkspur Hotel
302 South Market Street
San Jose, CA 95113
Phone: +1 408.295.2000
Fax: +1 408.977.0403