

**Hotel Reservation Deadline: Monday, May 4, 2009**

*\*After the reservation deadline, reservations will be accepted depending on space and rate availability.*

**THE RITZ CARLTON CHICAGO**

**Room rate: \$206.00 + tax per night**

160 E. Pearson

Chicago, IL 60611

Phone: (312) 266-1000

**Submit this completed form to the AAHD c/o Zoe Piel:**

**Mail to:** Zoe Piel, Coolidge Corner Theatre Building, 284 Harvard St., Brookline, MA 02446  
or

**Fax to:** Zoe Piel, AAHD, (617) 731-8724

**Please print or type all information.**

**CONTACT INFORMATION**

**Prefix** (✓ one)       Dr.    Mr.    Mrs.    Ms.

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Company:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**RESERVATION DETAILS**

**Room Type:**    Single (1 person)    Double (2 people)    **I DO NOT REQUIRE HOTEL ACCOMMODATIONS**

**Sharing With:** \_\_\_\_\_

**Arrival Date:** \_\_\_\_\_ **Departure Date:** \_\_\_\_\_

**Special Room Requests:**    King Bed Requested       Two beds requested

Non-Smoking Room       Smoking Room

Other: \_\_\_\_\_

**I would like to have the hotel confirmation sent via the following**    Mail    Fax    E-Mail \_\_\_\_\_

**GUARANTEE INFORMATION**

**All reservations require a credit card number for guarantee purposes. Reservations will not be processed without the proper credit card information.**

**Credit Card** – Select Type:    American Express       MasterCard       VISA       Discover

Name as it appears on card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Signature for Credit Card: \_\_\_\_\_

**Hotel Cancellation Policy:** The hotel must receive cancellations 24 hours prior to the arrival date. Cancellations may be made directly with the hotel (please reference confirmation number). Any cancellations not received by the hotel by 6:00pm on the scheduled day of arrival will result in a "no show" fee of one night's room rate plus tax being billed to the above credit card.

**American Academy of the History of Dentistry**

**June 10-13th, 2009**

***Hotel Reservation Form***

**ADA** American Dental Association

America's leading advocate for oral health

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For additional information regarding the meeting, please contact Zoe Piel at (617) 731-6767 or email [zoe@histden.org](mailto:zoe@histden.org).