



Society of Toxicology

Group Sub Block Booking Agreement (10 or More Rooms)
SOT Annual Meeting and ToxExpo™
San Francisco, CA – March 11-15, 2012

This is your Group Sub-Block Booking Agreement for hotel rooms for the Society of Toxicology's 51st Annual Meeting being held March 11-15, 2012 in San Francisco, CA.

This form will be accepted beginning Wednesday, August 10, 2011.

COMPANY INFORMATION

Send Confirmation to (please print or type):

Company
Contact
Address
City State Zip Country
Phone Fax
E-Mail

HOTEL PREFERENCES

Hotels, descriptions and room rates are attached. Rooms are assigned on a first come, first served basis. Every effort will be made to place you at one of the preferred hotels. If your preferred hotel is not available, you will be assigned the next available hotel in order of preference. Please note that the Marriott will be the headquarters hotel for SOT and there is a limit of 20 rooms per company. If you require fewer than 10 rooms, please go to www.toxicology.org to book individual rooms directly online beginning August 10, 2011. Individual names must be provided when reserving rooms.

- 1.
2.
3.
4.

Please fill in the number of rooms per day that you wish to hold for your company using the following table.

Table with 11 columns (Date: 3/7-3/16) and 6 rows (Single, Double, Double-Double, Triple, Totals).

Total Room Nights \*Room types are not guaranteed and are based on availability.

SUITES NEEDED

Hotel Preference

Arrival Departure

Suite Type: One Bedroom Two Bedroom

Will you be using this suite for hospitality? NO YES If yes, how many people?

*All Hospitality Suites must be approved by SOT. Once approved, your request will be sent to the hotel for follow-up by a sales representative who will assist with types and pricing.*

**CREDIT CARD INFORMATION**

Credit Card Number: \_\_\_\_\_

Expiration Date (*must be valid through 3/12*): \_\_\_\_\_

Visa    MasterCard    Discover    American Express

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

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

Signature of cardholder: \_\_\_\_\_

*Credit cards will not be charged but will be used to hold your rooms.*

**ROOMING LIST**

Please forward room requests of 10 or more rooms and completed rooming lists to the information below. A rooming list must be completed and returned on or before **Wednesday, December 7, 2011 to:**

**Experient**  
**568 Atrium Drive**  
**Vernon Hills, IL 60061-1731**  
**Housing Contact: Sadie Geraci**  
**Special Handling Service Coordinator**  
**Email: [sotexh@experient-inc.com](mailto:sotexh@experient-inc.com)**  
**Direct Dial: 847-996-5478**  
**Fax: 847-996-5401**

The rooming list must include the following information for each reservation:

- ✓ Names—including parties sharing rooms
- ✓ Arrival and departure dates
- ✓ Room type—one or two beds (including ADA requirements)
- ✓ Smoking or Non smoking preference
- ✓ Payment information if different from credit card used to hold group block
- ✓ Contact information if different than the company information on page 1

Any rooms not accounted for on this rooming list will be automatically released. New reservation requests will be based on prevailing hotel rates and availability.

**CANCELLATION POLICY**

Cancellation of any rooms within a group block at any time after **December 7, 2011** will be assessed a \$400.00 processing fee per reservation.

**RESPONSIBILITY AND LIABILITY**

Experient and the Society of Toxicology shall not be responsible for the actions of the hotel and will not be held accountable for any change or modification to this agreement caused by a change in room availability or other changes made at the hotel's discretion regardless of the terms of this agreement.

<p><b>Agreed to by:</b></p> <p>Signature: _____</p> <p>Name: _____</p> <p>Title: _____      Date: _____</p>
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