

**INSTRUCTIONS**

To reserve a room for EMS Today Conference & Expo choose ONE of the following methods:

**By Internet:** Visit the EMS web site at [www.EMSToday.com](http://www.EMSToday.com)

or

**By Telephone:** Call the EMS Housing Bureau Monday-Friday, 8:30 am – 5:30 pm ET  
**800-282-6632 (toll free)**  
**410-837-4636 (international)**

or

**By Fax:** Fax a completed Housing Form to **410-659-8398**

or

**By Mail:** Mail your housing form with check deposit only to EMS Housing Bureau, c/o Visit Baltimore, 100 Light Street, 12<sup>th</sup> Floor, Baltimore, MD 21202

**EMS Today Conference & Expo**  
**Baltimore, Maryland**  
**February 28 - March 3, 2012**  
**HOTEL RESERVATION FORM**

**Hotel Information:**

Arrival Day/Date \_\_\_\_\_ Departure Day/Date \_\_\_\_\_

Hotel Selection: (List three choices in order of preference).

First \_\_\_\_\_ Second \_\_\_\_\_ Third \_\_\_\_\_

Reservations will be processed on a first come, first serve basis. If all three requested hotels are unavailable, this reservation should be processed according to:

\_\_\_\_\_ a comparable room rate \_\_\_\_\_ close proximity to conference site

The EMS Housing Bureau will send you a confirmation. Review it carefully for accuracy.

If you do not receive a confirmation via e-mail, Room Type:

fax, or mail within 14 days after sending # Adults to occupy room \_\_\_\_\_ # beds requested in room \_\_\_\_\_

request, please contact the EMS Housing Bureau at 800-282-6632.

List all room occupants (if children, list names and ages):

**ROOM RATES/TAXES**

In order to take advantage of the special EMS convention rates, be sure to book your reservation by January 25, 2012. After January 25, the official EMS blocks will be released and the hotels may charge higher rates. All rates are per room night and are subject to a 15.5% tax (subject to change). Some hotels may charge additional fees for rooms with more than

\_\_\_\_\_ Non-smoking room requested \_\_\_\_\_ Special Needs: \_\_\_\_\_

one guest. When making reservations please provide room and bedding preferences in the "Special Needs" section of the Housing Form.

**Primary Guest's Contact Information:**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

The hotels will assign specific room types upon check in, based upon availability.

E-mail Address \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Fax \_\_\_\_\_

(If number is not within the US, please provide the ENTIRE number the US will need to dial to reach you.)

**DEPOSITS**

All hotels require a credit card guarantee or check deposit of one night's room rate and tax with each reservation requested. Requests received without a credit card guarantee or check deposit will be returned. Please fill out the credit card information entirely or mail a check payable to "Visit Baltimore/EMS Housing Bureau."

Company/Institution (if applicable) \_\_\_\_\_

Address \_\_\_\_\_

City/State/Province \_\_\_\_\_

Zip/Postal Code, Country \_\_\_\_\_

**CHANGES/CANCELS/REFUNDS**

Send the confirmation via  email,  fax, or  mail.

Changes and cancellations should be made through the EMS Housing Bureau through February 20, 2012. **Any cancellations made after that time will be subject to forfeiture of the one night's room rate and tax according to the hotels' individual cancellation policy.**

**Deposit Information:**

Beginning on February 21, 2012, you should call your hotel directly for changes and cancellations.

**All hotels require a credit card guarantee or check deposit of one night's room rate and tax with each reservation requested. Housing Forms received without a deposit or credit card guarantee will not be processed.**

Credit Card  
Type of card: \_\_\_\_\_ American Express \_\_\_\_\_ Mastercard \_\_\_\_\_ Visa \_\_\_\_\_ Other

Account Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Name of Card Holder \_\_\_\_\_

Check enclosed made payable to BACVA/EMS Housing Bureau.  
Mail to: BACVA/EMS Housing Bureau, 100 Light Street, 12<sup>th</sup> Floor, Baltimore, MD 21202.

**Only housing forms accompanied by checks will be accepted via mail, all others should be faxed into the EMS Housing Bureau.**

DO NOT SEND THIS FORM TO THE ASSOCIATION. SEND TO THE BACVA/EMS HOUSING BUREAU. PLEASE USE ONE FORM PER ROOM. MAKE COPIES AS NEEDED.

**FORMS MUST BE COMPLETELY FILLED OUT. INCOMPLETE FORMS WILL BE RETURNED AND WILL NOT BE PROCESSED.**