



Welcomes

METRO USERS GROUP, INC.
JANUARY 23-31, 2003

To ensure accurate reservations, please complete this reservation request and return it before January 8, 2003. Requests received after this date or after the room block fills will be accepted on availability. RESERVATION REQUESTS MUST BE ACCOMPANIED BY A DEPOSIT EQUAL TO ONE NIGHT'S ROOM RATE PLUS 12% ROOM TAX AND \$3.00 OCCUPANCY TAX. THIS DEPOSIT WILL BE APPLIED TO THE FIRST NIGHT OF THE RESERVATION.

Accommodations Requested:	1 PERSON	2 PEOPLE
KING-BEDDED ROOM:	___\$149.00	___\$149.00
2 DOUBLE BEDS	___\$149.00	___\$149.00
CLUB LEVEL KING BEDDED ROOM:	___\$179.00	___\$179.00
CLUB LEVEL 2 DOUBLE BEDS:	___\$179.00	___\$179.00



___ **I request a non-smoking room**



___ **I request a room equipped for a person with a disability**

EACH ADDITIONAL PERSON: \$ 25.00
 (Maximum 4 people per room)

SHERATON RESERVATIONS: 1-800-253-6156
HOTEL PHONE: 504-525-2500
FAX RESERVATIONS: 504-595-5550

NAME: _____

ADDITIONAL OCCUPANT(S): _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____ FAX NUMBER: _____ E-MAIL ADDRESS: _____

- CLUB accommodations offer complimentary continental breakfast, concierge services on the 42nd Floor and use of the exclusive Club Lounge.
- No charge for children under 18 when sharing space with parents and using existing bed space.
- Check-in time after 3:00 p.m. Check-out time by 12:00 noon. Late departures will be charged a full night's rate plus taxes.
- Cancellation or modification of reservation must be made at least 72 hours prior to arrival to avoid forfeiture of deposit. Should departure date change, Front Desk must be notified at the time of check-in to avoid an early departure charge equal to one night's room and tax.
- All hotel accounts are subject to credit arrangements at time of registration and payable at departure.
- If requested rate is not available, the next available rate will be assigned.

ARRIVAL DATE: _____ ARRIVAL TIME: _____

DEPARTURE DATE: _____

- I have enclosed a check in the amount of one night's room rate plus 12% room tax and \$3.00 occupancy tax.
- Please charge one night's room rate plus 12% room tax and \$3.00 occupancy tax to the following credit card.

CREDIT CARD: _____

NUMBER: _____ EXP. DATE _____

CARD HOLDER: _____

I understand that I am liable for one night's room rate plus room and occupancy taxes which will be covered by my deposit in the event that I do not arrive, cancel less than one month prior to arrival, or depart earlier than scheduled.

 SIGNATURE