****OFFICIAL GROUP HOTEL RESERVATION FORM** • RESERVATION DEADLINE: JUNE 8, 2011**

Official Housing Partner ONPEAK

American Association of Diabetes Educators

AADE 11 Annual Meeting & Exhibition

August 3–6, 2011
Mandalay Bay Convention Center
Las Vegas, NV

Four Ways to Book

www.diabeteseducators.org | **aade@onpeakevents.com** | **(800) 243 1580 US Toll-free** **(312) 527 7300 Local** | **(888) 726 9290** **(404) 393 3172 Fax**

1 Contact Information

You can expect to receive a confirmation within 72 hours. If you do not, please contact us.

Name: _____

Company: _____

Address: _____

City: _____ State: _____

ZIP/Postal Code: _____ Country: _____

Phone: _____

Fax: _____

Email: _____

2 Category

☐ **Attendee** ☐ **Exhibitor**

Official Hotels, Rates & Map

onPeak BEST RATE pledge

- The lowest available room rates at the following hotels have been specially negotiated.
- Other booking channels are continuously monitored to track down rival rates.
- Rates are re-negotiated when necessary and the lower rates are applied to already-booked rooms.

1 Mandalay Bay Resort & Casino
3950 Las Vegas Blvd S
Single/Double (Sun-Thurs): $175
Single/Double (Fri-Sat): $220

2 THEhotel at Mandalay Bay
3900 Las Vegas Blvd S
Single/Double (Sun-Thurs): $220
Single/Double (Fri-Sat): $275

3 Luxor
3900 Las Vegas Blvd S
Single/Double (Sun-Thurs): $50
Single/Double (Fri-Sat): $95

Rates do not include current tax of 12%, plus applicable surcharges, subject to change. $30 per person additional charge for occupancies beyond double.

All hotels are connected to Mandalay Bay Convention Center.

Map used to indicate approximate locations only.

3 Hotels

Reservations are by request and will be processed on a first-come, first-served basis.
Enter your hotel choices in order of preference

1: _____ _____ Rewards Number

2: _____ _____ Rewards Number

Special Requests

☐ I am in need of an ADA–accessible room; I may need special assistance from my hotel in the event of an emergency.

☐ I am interested in discounted airfares or car rental rates.

4 Booking Details

☐ **This is a Group Booking** 2+ Rooms

Name: _____ ☐ Non-Smoking

Company: _____ ☐ Smoking

Room Type: ☐ **Single** ☐ **Double** 1 Bed ☐ **Double** 2 Beds ☐ **Triple** ☐ **Quad**
☐ **Suite Request** *Based on availabilty and subject to AADE approval.*

Use this grid to indicate your room type(s) and number of rooms you are requesting per night. For more space, attach an additional page — or log on to www.diabeteseducators.org where you can easily make your group booking through our online system.

Room Type	Tues, Aug 2	Wed, Aug 3	Thurs, Aug 4
Fri, Aug 5	**Sat, Aug 6**	**Sun, Aug 7**	**Mon, Aug 8**

Event Dates

Names can be added to rooms at a later time. Please note that all names must be provided by **June 8, 2011.**

5 Payment Information & Cancellation Policy

Payment Guarantee: No charges are incurred at the time of booking, however, a payment guarantee is required to hold your reservation in the amount of one night's stay at the confirmed hotel plus current tax of 12%, subject to change.
Cancellation Policy: Exhibitor and Group cancellations must be submitted in writing and sent via email, fax or postal mail to AADE pending further notice.

Group Attrition Policy: Until June 8, 2011, Group may release up to 10% of the Total Room Nights* booked without penalty. Should the actual rooms utilized be less than 90% of the Total Room Nights booked, Group agrees to pay for the number of room nights not utilized up to 90% of the Total Room Nights booked. **Total Room Nights are defined as the sum of rooms booked on each night for all dates of your requested block.*

Payment Method

☐ **Credit Card**

Card Type: _____
American Express, Diners Club, Discover, MasterCard and Visa cards are accepted

#: _____ Expiration Date: _____ MM/YY

Name: _____
As it appears on card

Signature: _____

☐ **Check**

#: _____ $ _____
Check Enclosed

Credit Card information *must* be provided to guarantee reservation until check arrives. Check must arrive no later than **June 8, 2011**. Make check payable to onPeak. Any additional surcharges will appear on your confirmation page. Mail to onPeak: AADE 11 Annual Meeting & Exhibition c/o onPeak; 350 N Clark St, Ste 200; Chicago, IL 60654.