



JW MARRIOTT.
PENNSYLVANIA AVENUE

**RESERVATION
REQUEST**

JW MARRIOTT HOTEL
1331 Pennsylvania Avenue, NW Washington, DC 20004
(202) 393-2000 Phone Number
(202) 626-6943 Reservations Fax Number
(202) 626-6991 Guest Fax Number

**RESERVATION
REQUEST**

The **JW Marriott Hotel** Washington, DC is pleased you have selected us for your upcoming visit. Our staff looks forward to providing you with the finest accommodations in the Nation's Capital. To make your reservation we request that you either:

- 1) Fill in the *entire* number of the following credit card types: AMERICAN EXPRESS, DINERS CLUB, VISA/ MASTERCARD, CARTE BLANCHE OR DISCOVER.
Don't forget the expiration date and your signature.
- 2) Please secure your room reservation *before* booking your airline ticket.

Reservations may be made by calling 202-393-2000 or via the JW Marriott Hotel website:
www.marriott.com/wasjw. Enter **ANTANTA** in the group code field.

The **JW Marriott Hotel** requires one of the above methods of payment to confirm **ANY** reservation. Cancellations are permitted, without penalty, up until 72 hours prior to arrival. Cancellations within 72 hours will incur a one-night cancellation charge.

**American Bar Association
Section of Antitrust Law
2006 Spring Meeting**

OFFICIAL MEETING DATES
March 29-31, 2006

<p>Name (Print) _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Phone (____) _____ Fax (____) _____</p> <p>Email _____</p> <p>Please Reserve _____ room(s) for _____ People for Arrival on _____ (DAY & DATE) Departure on _____ (DAY & DATE)</p> <p>Room Type Preferred:** _____ Estimated Arrival Time _____</p> <p><input type="checkbox"/> 1st Available/No Preference <input type="checkbox"/> King Bed Smoking <input type="checkbox"/> 2 Double Beds Smoking</p> <p><input type="checkbox"/> Accessible Room <input type="checkbox"/> King Bed Non-Smoking <input type="checkbox"/> 2 Double Beds Non-Smoking</p> <p>** Every effort will be made to accommodate your preferred room type!</p> <p>Name (s) of person(s) sharing accommodations _____</p> <p>Method of Payment: _____ Honored Guest # _____</p> <p>Credit Card Type: _____</p> <p>Credit Card Number: _____ Expiration Date _____</p> <p>Or Check or Money Order is Enclosed \$ _____ (AMOUNT)</p> <p>I authorize the JW Marriott Hotel to charge my account for one night's deposit and all applicable taxes.</p> <p>Signature _____</p> <p>Check out time is 12:00 noon. Rooms may not be available for check-in no later than 4:00 P.M.</p> <p>RESERVATIONS REQUESTED AFTER THE CUT OFF DATE AND/OR AFTER THE ROOM BLOCK IS FILLED ARE SUBJECT TO AVAILABILITY AND MAY NOT BE AVAILABLE AT THE GROUP RATE.</p>	<p style="text-align: center;">PLEASE CHECK TYPE OF ROOMS REQUESTED</p> <p><input type="checkbox"/> Singles: \$243.00 1 Person</p> <p><input type="checkbox"/> Doubles: \$243.00 1 Bed, 2 Persons</p> <p><input type="checkbox"/> Doubles: \$243.00 2 Beds, 2 Persons</p> <p><input type="checkbox"/> Triples: \$243.00 3 Persons</p> <p><input type="checkbox"/> Quads: \$243.00 4 Persons</p> <p>CUT OFF DATE: 2/28/2006</p> <p>RATES DO NOT INCLUDE: 14.5% CITY TAX</p>
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