

2007 VERMONT EMS CONFERENCE

SHERATON-BURLINGTON HOTEL RESERVATION FORM

March 28 – April 1, 2007

Mail or fax this registration form directly to the Sheraton Burlington Hotel.

Or book on-line at

<http://www.starwoodmeeting.com/StarGroupsWeb/res?id=0611200683&key=53F87>

When booking on-line the rate will appear 110.10 (+tax) = total \$120.00

OR CALL 800-677-6576 or 802-865-6600 to make your reservation (identify yourself as an attendee or an exhibitor of the Vermont EMS Conference)

Reservation Deadline is March 11, 2007

Sheraton-Burlington Hotel & Conference Center

ATTN: Vermont EMS Conference Reservations

870 Williston Rd.

Burlington, VT 05403

**PLEASE DO NOT MAIL YOUR HOTEL RESERVATION FORM OR CHECK TO EMS.
PLEASE PRINT**

NAME: _____ ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

ARRIVAL DATE: _____ DEPARTURE DATE: _____

Check in time is 3:00pm

Check out time is 12noon

Daytime Number () _____ Evening Number () _____

To receive a confirmation via e-mail – E-mail address: _____

Please reserve the following room-type at the Vermont EMS Conference rate of \$120.00 nightly (including tax). Up to 4 persons allowed to share a room, same price.

_____ Number of Rooms _____ Number of Nights _____ Number of Adults
_____ Single _____ Double _____ Triple _____ Quad _____ Cot Requested

Names of Occupants: _____

Bedding Type Request (based upon availability) _____ 2 Double Beds _____ Queen/King Bed

Preference Request: _____ Non-smoking _____ Smoking _____ No preference

No charge for cots. However they must be requested at the time of booking. There are a limited number available and they are subject to availability.

Accommodations must be confirmed with a check made payable to Sheraton-Burlington Hotel in the amount of \$120.00 for a one night deposit. You may also pay this deposit by credit card.

If you need to cancel, you must do so by 6pm on the day of arrival to receive a refund.

The following credit card(s) may be used to secure your room reservation:

VISA MasterCard American Express Diners Club

Credit Card # _____ Expiration Date _____

Signature of Cardholder: _____ Print Name: _____

Questions? Call the Sheraton at 1-800-677-6576 or 802-865-6600 FAX-802-865-6670

RESERVE YOUR ROOM(S) BY SUNDAY, MARCH 11, 2007!