



AUGUST 27-30, 2009

JACOB K JAVITS CONVENTION CENTER | NEW YORK, NY

Within the competitive climate of the travel industry, our priority is to serve you best and provide the lowest hotel rates available for your stay by:



- Securing an exclusive rate agreement with the official event hotels
- Continually monitoring prices offered on other travel websites
- Negotiating further discounted rates at event hotels when necessary
- Automatically reconfirming existing bookings with the lower rates

If you find a lower rate, please contact us.



POWERED BY TRAVEL TECHNOLOGY GROUP

Plan Ahead to Make Your Reservations



www.pri-med.com/nyc



primed@ttgonline.com



800 584 9017 US Toll-free
312 527 7300 Local

312 329 9513 Fax

Official Meeting Hotels & Rates

NEWLY REDUCED RATE! ★

To view full hotel details, photos and amenities, please log on to the website where you can also easily make reservations: www.pri-med.com/nyc

- 1 Crowne Plaza Times Square** 1605 Broadway
★ Single/Double: \$239
- 2 Hampton Inn Times Square North** 851 Eighth Avenue
Single/Double: \$179 (1 King); \$189 (2 Queen)
- 3 Hilton Garden Inn Times Square** 790 Eighth Avenue
Single/Double: \$179 (1 King); \$199 (2 Queen)
- 4 Hilton New York** 1335 Ave of the Americas
★ Single/Double: \$199



Complimentary Breakfast Buffet

Rates do not include current tax of 14.25% plus \$3.50 per room, per night; subject to change. We are continually monitoring our rates on your behalf and renegotiating lower rates with event hotels as needed. Please check the event website for the most current rates: www.pri-med.com/nyc

Hotel Reservation Deadline : August 6, 2009

Hotel Deposit/Cancellation Policy

All reservations require a credit card guarantee of at least two nights' room and tax. Deposits are non-refundable after July 16, 2009. Please refer to your confirmation for full details, which may vary per hotel.

Exhibitor Rooming List Requirement

Rooming list of names is due no later than July 16, 2009.



Rooms are available at a reduced rate on a first-come, first-served basis. For current availability and the most up-to-date rates, visit us on the web: www.pri-med.com/nyc

Locations of Hotels & Convention Center



Map used to indicate approximate locations only.



Please consider the environment before printing this form. Easily make your hotel or travel bookings online: www.pri-med.com/nyc



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Contact Information

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

Send confirmation to: *Please print clearly*

Name: _____

Company: _____

Street Address: _____

City: _____ State: _____

ZIP Code: _____ Country: _____

Phone: _____

Fax: _____

E-mail Address: _____

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1 Category

Please select the appropriate category:

- Attendee
- Exhibitor

2 Hotels

Enter your hotel choices in order of preference.

1. _____ Rewards Number _____

2. _____ Rewards Number _____

Important Note: Reservations will be processed on a first-come, first-served basis. If requested hotels are unavailable, please process this reservation according to:

- Proximity to Javits Convention Center Comparable Rate
- Same chain affiliation as first choice (if available)

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 fares or car rental rates.

3 Room Details

Please supply your name, the names of additional person(s) sharing the room, type of room and arrival/departure dates below. If more rooms are required, copy this form or log on to www.pri-med.com/nyc where you can easily make group reservations and receive an immediate confirmation.

ROOM 1

Name: _____

Company Name: _____

Name of person(s) sharing room: _____

Single Double 1 bed Triple 2 beds Double 2 beds Quad 2 beds

Arrival Date: _____ MM / DD / YY Departure Date: _____ MM / DD / YY

ROOM 2

Name: _____

Company Name: _____

Name of person(s) sharing room: _____

Single Double 1 bed Triple 2 beds Double 2 beds Quad 2 beds

Arrival Date: _____ MM / DD / YY Departure Date: _____ MM / DD / YY

4 Deposit Information & Cancellation Policy

Credit Card

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

_____ Expiration: _____ MM / YY

Name: _____
As it appears on card

Signature: _____

Sending Check **Check Enclosed #** _____ \$ _____

Credit Card information *must* be provided above to guarantee reservation until check arrives. Check must arrive no later than **July 16, 2009**. Make check payable to Travel Technology Group. Add current tax of 14.25%, (plus applicable surcharge if noted); subject to change. Mail to: Pri-Med c/o Travel Technology Group, 110 W Hubbard St, Chicago, IL 60654.

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