

# NEDSI 2002

## Conference Hotel: Caribe Hilton Hotel and Casino San Juan, Puerto Rico / March 20-22, 2002

For reservations at the conference hotel of the Northeast Decision Sciences Institute's 2002 Annual Meeting, please complete the form below and mail it directly to the Caribe Hilton Hotel and Casino. You can also place your reservations by calling the hotel directly (787) 721-0303, Extension 5900, or at (800) CARIBE 1, by faxing the hotel (787) 724-6992, or by email (Reservations@CaribeHilton.com).

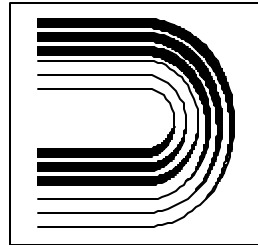
Reservations must be received by February 20, 2002. If you should make your reservations without this form, it is necessary that you

mention the Northeast Decision Sciences Institute (NEDSI) in order to secure the special room rates (\$170 single or double) and a room being held within our room block.

The Caribe Hilton Hotel and Casino requires that all reservations be guaranteed with either a one-night deposit or credit card at least one month prior to the conference. The hotel will charge a fee equivalent to one night's room and tax for any no-show reservations or cancellations made within 72 hours prior to expected arrival.

**MAIL THIS FORM TO:**

Caribe Hilton Hotel and Casino  
Attention: Reservations Department  
P.O. Box 9021872  
San Juan, Puerto Rico 00902-1872



### Hotel Reservation Form

### Northeast Decision Sciences Institute • 2002 Annual Meeting March 20-22, 2002

**Please check the requested room:**

- Single (\$170)  
 Double (\$170)      [\$35/ extra person]

**Type of bedding requested:**

- Nonsmoking     One king-sized  
 Two doubles     Special needs \_\_\_\_\_.

*A check, money order, or major credit card information must be submitted for guaranteed reservations.*

Credit Card Name \_\_\_\_\_

Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_

**Group: NEDSI**

Arrival date \_\_\_\_\_

Address \_\_\_\_\_

Departure date \_\_\_\_\_

\_\_\_\_\_

Time \_\_\_\_\_

\_\_\_\_\_

Last Name \_\_\_\_\_

City \_\_\_\_\_

First Name \_\_\_\_\_ M.I. \_\_\_\_\_

State/Province/Country \_\_\_\_\_

Sharing with \_\_\_\_\_

Zip \_\_\_\_\_

Organization \_\_\_\_\_

Phone (work) \_\_\_\_\_

\_\_\_\_\_

Fax \_\_\_\_\_