

Mail to: LSC-2 Housing
P.O. Box 2426
San Antonio, TX 78298
OR
Fax to: (210) 270-8702

Reservation cutoff date:

August 6, 1997

The Second Occasional LoneStarCon Science Fiction Convention & Chili Cook-off

RESERVATION WILL NOT BE PROCESSED IF FORM IS INCOMPLETE. TELEPHONE REQUESTS ARE NOT ACCEPTED. Keep a copy of form for your records. **DO NOT MAIL AFTER FAXING.** Acknowledgements are mailed or faxed only to the name listed in field #8. Photocopy this form if you need more than one room.

1. SELECT SIX HOTELS: Rooms are assigned first come / first served. If choices are not available, a room will be secured at a hotel based on your preference of rate or proximity and availability. **USE CODES ONLY / NOT NUMBERS.** See Instructions and Map for codes.

1st Choice	<input type="text"/> <input type="text"/> <input type="text"/> (HOTEL CODE)	2nd Choice	<input type="text"/> <input type="text"/> <input type="text"/> (HOTEL CODE)	3rd Choice	<input type="text"/> <input type="text"/> <input type="text"/> (HOTEL CODE)
4th Choice	<input type="text"/> <input type="text"/> <input type="text"/> (HOTEL CODE)	5th Choice	<input type="text"/> <input type="text"/> <input type="text"/> (HOTEL CODE)	6th Choice	<input type="text"/> <input type="text"/> <input type="text"/> (HOTEL CODE)

If hotel choices are sold out, which is more important? Room Rate Location

2. ARRIVAL:

DAY / DATE: _____ TIME: _____ AM
PM

3. DEPARTURE:

DAY / DATE: _____ TIME: _____ AM
PM

Requests for 2 or more days pre or post-convention may not be available through the housing department. Acknowledgement will advise you to call hotel direct for additional nights (not always available at convention rates).

4. CHECK APPROPRIATE BOX: ONE BED TWO BEDS
 SUITE + 1 BEDROOM SUITE + 2 BEDROOMS

The housing department will request room type, hotel will confirm if available.

5. TOTAL NUMBER OF PEOPLE IN ROOM: _____

6. ROOM GUARANTEE: Hotel will send confirmation with rate, policies and room type. All rooms must be guaranteed. **Do not send checks to the Housing Department.** Complete credit card information or send check directly to the hotel upon receipt of confirmation slip.

_____	_____	_____	_____
Type of Card (i.e. AE, MC, VS)	Credit Card Number	Expiration Date	Name on Credit Card

7. LIST ALL OCCUPANTS: First name first.

1. _____	2. _____
3. _____	4. _____

8. SEND ACKNOWLEDGEMENT TO:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
FIRST NAME	MI	LAST NAME	
<input type="text"/>			
AFFILIATION / COMPANY			
<input type="text"/>			
STREET ADDRESS OR P.O. BOX NUMBER			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
CITY	STATE	COUNTY	ZIP CODE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
DAYTIME PHONE NUMBER		FAX NUMBER	

9. SPECIAL REQUESTS (Hotel will confirm if available): SMOKING NON-SMOKING Party Floor Quiet Floor
 Check here for disability List special or other needs: _____

CANCELLATION / CHANGES: Before August 13, 1997 in writing to Housing Department. After August 13, 1997 direct to hotel.