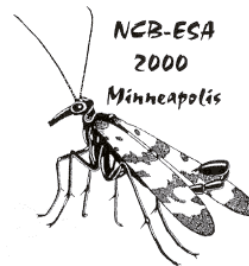




**RADISSON HOTEL
METRODOME
Hotel Reservation Form**



Organization: North Central Branch - Entomological Society of America

Dates: March 26-29, 2000

Please reserve accommodations for:

Name _____ **Company** _____
(Last) (First)

Address _____

(City) (State) (Zip)

Sharing Room with: _____ **No. of Persons:** _____

Signature: _____ **Phone:** _____

Arrival: _____

Departure: _____
(Month/Day/Year) (Month/Day/Year)

Check in: 3:00 pm

Check out: Noon

Reservations may be quarantined for late arrival with major credit card or check for first night's deposit. Make check or money order payable directly to Radisson Hotel Metrodome. DO NOT SEND CURRENCY.

Credit Card #: _____ **Expiration Date:** _____

_____ **American Express** _____ **Diners Club** _____ **Visa** _____ **MasterCard** _____ **Discover**

Signature: _____

Please Circle Preferred Accommodations:

\$ 95.00 Single **\$ 105.00 Double**

All reservations received after March 4, 2000 will be subject to space and rate availability.
Rates are subject to applicable taxes. No charge for children under 18 if occupying the same room as parents.

Mail to: Radisson Hotel Metrodome, 615 Washington Ave. SE, Minneapolis, MN 55414 or

Fax To: Reservations at (612) 379-8682 or

Call; Reservations at (612) 379-8888 or toll free 1-800-822 MPLS

Ask for the Conference Rate (Group North Central Branch - Entomological Society of America)