



American Health Lawyers Association
Legal Issues Affecting Academic Medical Centers & Other Teaching Institutions
(January 25-26, 2007)

The Ritz-Carlton, Washington D.C.
1150 22nd Street, N.W.
Washington, D.C. 20037

Please complete the information requested below and fax to 202-974-5519 by January 8, 2007. If you would like to receive written confirmation, please provide an e-mail address. Reservations can also be made online by going to www.ritzcarlton.com and selecting the "Reservations" link at the top of the page. After choosing Washington D.C. as the preferred hotel, select your desired dates and enter AHLAHLA in the "Group Code" field at the bottom of the window. If you prefer to speak to a reservation agent, please call 1-800-241-3333 and identify yourself as being with the American Health Lawyers Association.

NAME: (Dr/Mr/Mrs/Ms) _____
COMPANY: _____
ADDRESS: _____
CITY: _____ **STATE:** _____
ZIP/POSTAL CODE: _____ **COUNTRY:** _____
PHONE: _____ **E-MAIL:** _____

The group rate of \$230 per night is available until the group cut-off date of January 8, 2007, or the contracted room block is filled, whichever comes first. All room rates are subject to applicable local tax currently 14.5% per room per night. Standard check-in time is 3:00pm, standard check-out time is 12:00pm (noon). Guaranteed early arrivals (prior to 3:00pm) need to be reserved for the night before and will be charged accordingly. Early arrival or late departure booked on space-available basis.

Arrival Date: _____ **Arrival Time:** _____

Departure Date: _____ **Departure Time:** _____

- Non-Smoking Deluxe Room (1 King Bed) @ \$230.00 per night
- Non-Smoking Deluxe Room (2 Double Beds) @ \$230.00 per night

Special Needs: _____

All attendees are required to submit a credit card number to guarantee their reservations. In the event the individual no-shows, the credit card will be charged one night's room & tax. Hotel cancellation policy states that cancellations must be made before noon (12:00pm), day of arrival.

- American Express
- MasterCard
- Visa
- Discover
- Diners Club

Credit Card Number: _____ **Exp. Date:** _____

Card Holder's Name: _____

Card Holder's Signature: _____