

# PIERS 2002

Progress in Electromagnetics Research Symposium

July 1-5, 2002

Cambridge, Massachusetts, USA

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## ROYAL SONESTA HOTEL RESERVATION FORM

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Name : \_\_\_\_\_

Telephone : \_\_\_\_\_

Address : \_\_\_\_\_

Arrival Date : \_\_\_\_\_

\_\_\_\_\_

Arrival Time : \_\_\_\_\_

\_\_\_\_\_

Departure Date : \_\_\_\_\_

\_\_\_\_\_

### Schedule of Rates

### Number of Rooms

SINGLES  
(1 person) US \$169 per night

DOUBLES  
(2 persons) US \$169 per night

☐ request one bed      ☐ request two beds  
Massachusetts / Cambridge Room Tax 9.7%,  
CCF tax 2.75%.

Check in time 3 p.m. Check out time 12 noon.

No charge for children 17 years or under when  
sharing room with parents.

Charge for cot in room — US \$25.

Additional person in room — US \$25.

Name(s) of additional person(s) sharing room:

\_\_\_\_\_

Reservation requests will be accepted until **June 1, 2002** on a first-come, first-serve basis. Late reservations will be accepted on a space and rate availability basis.

A US\$25 fee will be assessed to any guest who departs earlier than the date confirmed at check-in.

Each reservation must be accompanied by first night's deposit, a guarantee from your company, or a major credit card to guarantee the room.

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

Expiration date : \_\_\_\_\_

Credit Card Number : \_\_\_\_\_

I understand that I am liable for one night room and tax which will be deducted from my deposit, or billed through my credit card in the event that I do not arrive or cancel by 6 p.m. on the arrival date indicated, unless previous arrangements have been made.

Signature × \_\_\_\_\_

Please send this completed form to

ROYAL SONESTA HOTEL, 5 CAMBRIDGE PARKWAY, CAMBRIDGE, MA 02142, USA

TEL: 617-806-4200 FAX: 617-806-4232

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