

**ROYAL SONESTA HOTEL BOSTON (CAMBRIDGE)
RESERVATION REQUEST FORM**

NAME OF CONFERENCE: MOBIQUITOUS 2004

MAIL/FAX TO:

**RESERVATIONS MANAGER
Royal Sonesta Hotel Boston
5 Cambridge Parkway
Cambridge, MA 02142-1299**

**PHONE: 617-806-4200
FAX: 617-806-4084**

GUEST INFORMATION:

Arrival Date: _____ Departure Date: _____

Time of Arrival: _____

No. of Rooms: _____ No. of People: _____

Guest Name(s): _____

Address: _____

Phone: _____

PAYMENT METHOD:

Check or Money Order No.: _____ Amount: _____

Credit Card Type: _____ No.: _____

Expiration Date: _____ Amount: _____

TYPE OF ROOM:

(\$139 per night for a single or double room.)

Kingsize Bed Double Beds

Smoking Non-smoking

Please note the above rate is subject to a 5.7% Massachusetts state tax, 4.0% Cambridge city tax, and 2.75% CCF tax, for a total tax of 12.45% There will be a \$25 charge for each additional person in the room. All reservations must be guaranteed with a credit card for late arrival. Guaranteed reservations will be held for night of arrival only. For any guaranteed reservations that "no show," one night's room and tax will be charged to the individual.