

HILTON GARDEN INN RESERVATION FORM

Phone Number: (706) 660-1000

**Mailing Address: 1500 Bradley Lake Boulevard
Columbus, GA 31904**

**GEORGIA ORNITHOLOGICAL SOCIETY
SPRING MEETING (April 22-24, 2005)**

Name: _____

Phone: _____

Address: _____

RESERVATION CUTOFF DATE FOR GROUP RATE IS April 8th, 2005.

No. of Rooms _____ Non-Smoking _____ Smoking _____

Arrival Date: _____

Departure Date: _____

Room Rate \$89.00 per night plus taxes. If phoning in your reservation, please indicate that you are with GOS in order to get this rate.

Cancellations must be made by 4:00 pm on the scheduled date of arrival.

Credit Card Type: _____

Number: _____

Expiration Date: _____

Signature: _____