

CONTACT INFORMATION

Designation(s):  DO  MD  PhD  Other \_\_\_\_\_

Full Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

AOA# \_\_\_\_\_

HOTEL INFORMATION



HILTON BALTIMORE  
(Headquarters Hotel)  
401 W Pratt St, Baltimore, MD 21201  
\$235/night

Arrival Day/Date \_\_\_\_\_ / October \_\_\_\_\_, 2019

Departure Day/Date \_\_\_\_\_ / October \_\_\_\_\_, 2019

Persons sharing my room \_\_\_\_\_

I do not require a hotel reservation because:

- I will reserve a room later
- I have a reservation at \_\_\_\_\_
- I am sharing a room reserved by \_\_\_\_\_

Additional hotel options can be found online at [omed.osteopathic.org](http://omed.osteopathic.org).

CANCELLATIONS

Reservation changes and cancellations can be made through Experient until Friday, September 27, 2019. Please contact the hotel directly beginning Thursday, October 3, 2019. Reservations must be cancelled with the hotel by 72 hours prior to your scheduled arrival to avoid a one night's room and tax charge.

Credit Card (Check one)

USE SAME CARD AS REGISTRATION FORM

AMEX       DISCOVER       MASTERCARD       VISA

\_\_\_\_\_  
Credit Card No.

\_\_\_\_\_  
Expiration Date

\_\_\_\_\_  
Name on Card

\_\_\_\_\_  
Signature of Cardholder