

NIST-IAPWS Committee Meeting

Quality Suites- Shady Grove

Phone# 1-301-840-0200 Fax# 1-301-869-3080

Arrival Date_____ # of nights_____ # of Suites_____ # of Adults per Suite_____

Room Type_____ (Smoking/Non-Smoking)

Guest Name_____

Address_____

Phone # _____ (home/business) Caller_____

Circle One Please:

Rate per night: **Quality Suites** \$99+tax **Sleep Inn** \$69+tax (Limited Rooms Available)

**A major credit card is required to reserve your room, your card will not be charge until you arrive! We accept: American Express, Bravo, Discover, Master Card, Visa*

Credit Card Type_____

Credit Card #_____ Exp. Date_____

Special Requests_____

Reservations must be received by August 17th, 2001.

If you would like a confirmation number sent back to you, please provide your fax number

Fax #_____

Hotel use

Confirmation Number_____