

**Emergency Medical Services for Children (EMSC)
Partnership for Children Stakeholder Group Meeting
June 21-22, 2007**

**RETURN BY: June 4, 2007 TO: Kiera Robinson
B L Seamon Corporation
4221 Forbes Boulevard, Suite 245, Lanham, MD 20706
Phone: (301) 577-0244 Fax: (301) 577-5261
Project Code: DHHS/H1119-5**

Hotel Information Form – Stakeholder Group Representatives who Are EMSC Grantees

Please check as appropriate:

Mr. Ms. M.D. Ph.D. Other _____

Name: _____ Title: _____

Organization/Affiliation: _____

Department: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Phone: _____ Fax: _____ E-mail: _____

Assistant Name: _____ Phone: _____ E-mail: _____

Emergency Contact Name: _____ Phone: _____

LODGING ARRANGEMENTS – You will be responsible for settling all incidental charges and additional nights before checking out of the hotel. Check-in is any time after 3:00 p.m. You must check out by 12:00 noon on your scheduled day of departure.

Room Type: Single Double
 Smoking Nonsmoking Handicap No Hotel Needed

Arrival Date: _____ Departure Date: _____

Comments: _____

Your room **MUST** be guaranteed with a credit card.

Type of Card: VISA MC AMEX Other: _____ Expiration Date: _____

Name of Cardholder: _____

Credit Card #: _____

Signature

Special Requirements:

