

April 28-May 2, 2010
Paris/Bally's Las Vegas

2010 EXHIBITOR BLOCK REQUEST FORM
USE THIS FORM IF YOU ARE REQUESTING TEN ROOMS OR MORE ON PEAK NIGHT

- Block Request Form Deadline: Tuesday, January 5, 2010
 Rooming List Deadline: Friday, February 26, 2010

TERMS AND CONDITIONS

Applying for Accommodations: Exhibitors that require the use of ten (10) or more sleeping rooms on peak night under a company or individual name, must complete the block request form on the subsequent page. Once your request is received, you will receive a confirmation from the Paris/Bally's Las Vegas. Any exhibitor circumventing the COSM housing system will be assessed 3 penalty points.

Hotel Information: The headquarters hotel is the Paris/Bally's Las Vegas located at 3655 Las Vegas Blvd South. The COSM room rates are as follows:

	Paris	Bally's North Tower	Bally's South Tower
Weekday (Tuesday, Wednesday, Thursday and Sunday)	\$129.00	\$105.00	\$85.00
Weekend (Friday and Saturday)	\$189.00	\$165.00	\$145.00

Rooming lists must be received by the Paris/Bally's Las Vegas by Friday, February 26, 2010. All rooms without names will be released after February 26, 2010.

Block Requests: Room block requests should reflect actual usage anticipated, and history of usage will be taken into account. Room blocks should reflect a curved pattern flow; the same number of rooms will not be blocked for early arrivals/late departures as what is blocked on peak nights.

Reduction or Cancellation in Block: The total room nights requested on the form may be reduced by 15% without penalty if written notice is received by COSM before Friday, February 5, 2010. Should the actual room nights used drop below 85% of the total room nights requested on the form and COSM is held liable for these unused room nights by the Paris/Bally's Las Vegas, your company agrees to pay the room rate plus applicable taxes for each room night that is not used by your company in excess of the allowable slippage. If payment is due under this provision, an invoice will be sent to your company and payment will be required no later than 30 days after receipt of the invoice.

Rooming List Changes and Cancellations: Upon receipt of your group code, all rooming list requests/changes/cancellations should be sent directly to **Odessa Shepherd, Group Coordinator** at the Paris/Bally's Las Vegas. Odessa can be reached at (702) 967-4026 or ShepherdO@ballyslv.com. Odessa's fax number is (702) 967-3848.

Deposit Information: The hotel must receive a credit card or advanced deposit check for one night's room and tax per reservation with the rooming list. Rooms cancelled less than 3 days prior to arrival will be charged one night's room and tax.

Billing Information: If you require a Master Account for any additional charges of your attendees (all room, tax and incidentals) or for catered events, a Direct Billing Request will be submitted should the estimated total of your Master Account warrant it (\$10,000 minimum). This method of payment must be requested a minimum of 30 days before your arrival date. Based upon the results obtained from the credit investigation, an advance deposit or total pre-payment of your estimated Master Account may be required. The Resort must receive written authorization for all special billing charges that will need to be applied to this master account. A secure link to provide credit card information is available if you would prefer to use this as your method of payment.

Questions: Contact Beth Faubel, Meetings & Housing Coordinator at the American College of Surgeons at bfaubel@facs.org
Ph: 312/202-5033 Fax: 312/202-5003.

Individual Housing: If you require fewer than ten rooms, reservation instructions are available at www.cosm.md/hotel/hotel.html.

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Please type or print clearly.

Exhibiting Company _____

Official Representative _____

Address _____

City _____ State _____ ZIP _____ Country _____

Phone () _____ Fax () _____

E-mail _____

Check here if special accommodations are needed due to a disability.

A staff person will contact you.

Please specify: Audio Visual Mobile Other _____

Please note:

- Room block requests should reflect actual usage anticipated. Please make note of room usage liability and reduction allowances as indicated on page 1.
- Room blocks should reflect a curved pattern flow (example % of block indicated below).
- Indicate the number of rooms requested per day.
- Please indicate which room type you prefer. If you prefer your block be divided between more than one room category, please indicate the percentage of the block you'd like placed in that room category.

Example %	Mon. 4/26 (3%)	Tues. 4/27 (10%)	Wed. 4/28 (60%)	Thur. 4/29 (100%)	Fri. 4/30 (100%)	Sat. 5/1 (60%)	Sun. 5/2 (3%)
Single							
Double							
1 BR Suite							
2 BR Suite							
TOTAL							

Paris Rooms _____ %
 Bally's North Tower _____ %
 Bally's South Tower _____ %

We agree to comply with the provisions outlined in the preceding Terms and Conditions for COSM Block Housing.

Please mail or fax request to:
 Beth Faubel
 Meetings & Housing Coordinator
 American College of Surgeons
 Attn: COSM
 633 N. Saint Clair St.
 Chicago, IL 60611-3211
 Phone: 312/202-5033
 Fax: 312/202-5003

Signature of Official Representative