HOTEL REGISTRATION FORM	Cutoff	Date for Advance Roc	om Registration is 27 May 1999	
Power Electronics Specialists Conference	Charleston, South Carolina			
			CHARLESTON PLA	CE
		130	CHARLESION FLA Market Street, Charleston, SC 29401	
			Phone: 1-843-722 Toll Free: 1-800-611	2-4900 -5545
	June 27 – Jul	y 2, 1999	FAX: 1-843-724	-7215
In making your reservation you may elect to 1) Enclose a check or money order covering	:	•		
-OR-				
2) Provide us with the complete number, e		U U	miner to data of arrival Diagon rata	- Vour
Please Note: Deposits will be refunded only cancellation number.	if cancellation notification is re	ceived no less than 12 in	ours prior to date of arrival. Please leta	n your
Reservations requests are subject to available or guest room will be assigned. Alternate he	lity only. In the event the specia stels will be assigned as necessar	l rate and room type of a y. Please note check-in b	accommodation is not available, the neared begins at 4:00 p.m. and check-out is at 12	est rate Noon.
Lastly, please verify departure date. Shoul \$50.00 will be charged.	d you elect to depart prior to th	e confirmed date indica	ted on this form, an early departure pen	alty of
Name (print)	Phone			
Address				
City				
For arrival on(day) (month)	No. of nights (year)	No. of rooms	No. of people	
Name(s) of person(s) sharing accommod				
Check or money-order enclosed	Diners Club		American Express	
Carte Blanche	Visa		Master Card	
Amount (US dollars)				
Credit Card Number		Expiration Date		
Signature				
Reservations requested after the cutoff of necessarily at the group rate. Please app	late are subject to availability.	. Rooms may still be a	vailable after the cutoff date, but not	
Group Name: IEEE PESC '99	-	Advance Reservations	s: 27 May 1999	
Single or Double Occupancy per Night:			-	
Club Room per night: \$230.00		al fee per rollaway bec	1	
Please Circle Requested Room Types:	2 double beds	King	Crib	
	Smoki	ng	Non-smoking	