

Holiday Inn Gaithersburg

2 Montgomery Village Avenue

Gaithersburg, MD 20879

301.948.8900

Fax: 301.258.1940

Name of Group: **NIST/Chemical Kinetics**

Name: _____

Address: _____

City/State/Zip: _____ Phone: _____

Fax: _____ E-Mail: _____

Send hotel reservation form with payment to:

Holiday Inn Gaithersburg

Fax: 301.258.1940

If you do not receive a faxed confirmation within 24 hours, please refax your reservation or call 301.948.8900. Nation Toll Free Line: 1.800.HOLIDAY (465.4329)

Room Rate is per person per night: Single \$95.00 Double \$95.00 Tax 12%

Payment

Credit Card # _____ Exp. Date: _____

Type: Visa Master Card Discover American Express Diners Club JCB

Check In: 3:00 PM

Check Out: 12:00 PM

Cancellation: 6:00 PM Day of Reservation

Please check preferences:

Smoking

Non-Smoking

Handicapped

Double/Double

King

I will arrive ____/____/____ I will depart ____/____/____