RESERVATION PROCESS

1. Reservations may be made by faxing a completed Air Reservation Form to (404) 892-2594. U.S. and Canadian members may call toll free at (800) 545-7497 during normal business hours (Monday - Friday, 9:00 a.m.-5:00 p.m.). In the event of an emergency, you may call the 24-hour emergency hotline at (800) 626-7501.

2. Upon receipt of facsimile or telephone call, American Express will research the lowest fare that coincides with the desired dates and times. These options will be given directly to the traveler or faxed to them for selection. The traveler will make the selection, and if corresponding by facsimile, will fax back the routing selected.

3. American Express will reconfirm the space and set a ticketing date.

4. Tickets will be sent Federal Express directly to the traveler. International ticketing will be sent via DHL approximately 14 days prior to the traveler's departure for the ASHRAE event. Typical international delivery takes two to three business days.

5. Should circumstances arise that would cause a change or cancellation, the following backup would apply:

   a) Less than eight business days prior to departure, the traveler should fax the information as to why they are changing or canceling a confirmed reservation.

   b) American Express will immediately respond with directions as to what they will do and what the traveler should do (i.e., pick up new ticket at local American Express office, have a new ticket sent, bring old ticket to ASHRAE event for pick-up by American Express, etc.)

6. American Express will maintain a travel desk at ASHRAE Winter and Annual Meetings to assist members with their travel arrangements.
ASHRAE
AIR RESERVATION FORM

Member Name: ________________________________ (For International, Name as it Appears on Passport)

Preferred Address (Business/Home):

Street Address _____________________________ City ______ State ______ Zip ______

Company Name (if applicable): ____________________________

Home Phone: ______ Fax: ______

Business Phone: ______ Country Code ______ (if applicable)

Do you wish to donate your transportation reimbursement to the Research Fund? Yes _____ No _____

Or the Scholarship Fund? Yes _____ No _____

(Note to ASHRAE Member: If you wish to donate to either fund, your airline ticket should be paid for via personal credit card or check. You should write to ASHRAE directly stating your desire to donate the cost of your airline ticket to either research or scholarships and indicate the exact amount, attaching a copy of your credit card statement or other verification as backup.)

AIRLINE INFORMATION: Most Convenient Airport for Departure: ____________________________

To:

(City) ______ (Airport) ______ (Date) ______ (Flight/a.m. or p.m.) ______

From:

(City) ______ (Airport) ______ (Date) ______ (Flight/a.m. or p.m.) ______

Seat Preference: o Window o Aisle o Smoking o Non-Smoking

Frequent Flyer Information: ____________________________

Airline ____________________________ Frequent Flyer Number ____________________________

Name as listed with Airline: ____________________________

Airline Service Requirements: (dietary meals, wheelchair, etc.) ____________________________

Do you have a current passport? Yes _____ No _____

Country of Citizenship: ____________________________

Passport Number: ____________________________ Issuance Date: ________ Expiration Date: ________

Payment Method: (Use only if spouse/guest is traveling to the ASHRAE meeting)

Spouse/Guest Name: ____________________________

Credit Card Company: ____________________________ Card #: ____________________________

Expiration Date: ____________________________ Name on Card: ____________________________

Cardholder Signature Required: ____________________________

Tickets will not be issued and fares are not guaranteed without payment. We will do our best to accommodate you on your preferred airline. However, please note preferential fares have been negotiated with certain airlines for this meeting. You will be reserved on the most convenient routing with the lowest airfare.

Return completed form to: American Express Travel
100 Colony Square
Atlanta, GA 30361

Phone Numbers: (800) 545-7497 or (404) 885-1397
9:00 a.m.-5:00 p.m. EST (Monday-Friday)

Fax Number: (404) 892-2594

• See Reverse Side For Instructions •
HOW TO MAKE YOUR RESERVATIONS

We suggest you use the following process to order your airline ticket to any scheduled ASHRAE meeting.

Step (1): Please read through these instructions and complete the information on the "Air Reservation Form."

Step (2): Upon completing the form, please FAX it and any other information to the number shown on the front of this form.

Step (3): You will be FAXED your airline reservation offer the same day if it is received before 12:00 noon (Eastern Standard Time). International travelers will receive their reservation offer within three business days, due to the time difference and complexity in ticketing requirements.

Step (4): Please review the offer, indicate your selection, sign it and FAX it back within three days after receiving it.

If you wish to obtain assistance through our local office nearest you, please indicate on your return fax.

If you are an international traveler, and have additional needs which require conversing with an American Express Travel Counselor, please indicate by FAX the time you will be calling (Eastern Standard Time) and any questions you have. This will allow us to be prepared to better serve you.

Step (5): American Express will confirm the selected flights and set a ticketing date. (Note: Non-refundable flights must be ticketed within 24 hours)

Step (6): Tickets should arrive at your designated address NO LATER THAN FIVE BUSINESS DAYS prior to your departure. If you are an international traveler, tickets will be sent by overseas courier 14 days prior to departure.

Step (7): Last Minute Changes/Cancellations:

Should unforeseen circumstances arise which would cause a cancellation or change, immediately fax the American Express office explaining the necessary changes. Our counselors will assist you in properly handling the situation and facilitating any changes.
ASHRAE
AIR RESERVATION FORM

Member Name: ____________________________________________
(For International, Name as it Appears on Passport)

Preferred Address (Business/Home):

Street Address ___________________________ City ________ State _______ Zip ______

Company Name (if applicable):

Home Phone: (______) __________________________ Fax: (______) __________________________
Business Phone: (______) __________________________ Country Code ___________ (if applicable)

Do you wish to donate your transportation reimbursement to the Research Fund? Yes ____ No ____
Or the Scholarship Fund? Yes ____ No ____

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via personal credit card or check. You should write to ASHRAE directly stating your desire to donate the
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AIRLINE INFORMATION: Most Convenient Airport for Departure:

To: ___________________________ (City) ___________________________ (Airport) __________________
(Date) ___________________________ (Flight/a.m. or p.m.) ___________________________

From: ___________________________ (City) ___________________________ (Airport) __________________
(Date) ___________________________ (Flight/a.m. or p.m.) ___________________________

Seat Preference: ○ Window ○ Aisle ○ Smoking ○ Non-Smoking

Frequent Flyer Information: ___________________________ Airline ___________________________
_________________________ Frequent Flyer Number ___________________________

Name as listed with Airline: ___________________________

Airline Service Requirements: (dietary meals, wheelchair, etc.) ___________________________

Do you have a current passport? Yes ____ No ____ Country of Citizenship: ___________________________

Passport Number: ___________________________ Issuance Date: ___________ Expiration Date: ___________

Payment Method: (Use only if spouse/guest is traveling to the ASHRAE meeting)

Spouse/Guest Name: ___________________________

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Expiration Date: ___________________________ Name on Card: ___________________________
Cardholder Signature Required: ___________________________

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(For International, Name as it Appears on Passport)

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Company Name (if applicable):

Home Phone: ( ) ______________ Fax: ( ) ______________

Business Phone: ( ) ______________ Country Code ______ (if applicable)

Do you wish to donate your transportation reimbursement to the Research Fund? Yes ___ No ___
Or the Scholarship Fund? Yes ___ No ___

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(City) ______________________ (Airport) ______________________ (Date) ______________________ (Flight/a.m. or p.m.)

Seat Preference: ○ Window ○ Aisle ○ Smoking ○ Non-Smoking

Frequent Flyer Information:

Airline ______________________ Frequent Flyer Number: ______________________

Name as listed with Airline: ______________________

Airline Service Requirements: (dietary meals, wheelchair, etc.) ______________________

Do you have a current passport? Yes ___ No ___ Country of Citizenship:

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Payment Method: (Use only if spouse/guest is traveling to the ASHRAE meeting)

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