

ROOM RESERVATION CARD
SILVER LEGACY HOTEL AND CASINO
P.O. BOX 3920, RENO, NV 89505

NAME: _____

ORGANIZATION: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

ARRIVAL DATE: _____ HOUR: _____ AM/PM

DEPARTURE DATE: _____ HOUR: _____ AM/PM

(Check-out time 11am / Check-in time 3pm)

One night's lodging rate will be charged to your credit card to reserve your room. Deposit by check or money order must be received 14 days prior to arrival, or reservation is automatically cancelled. Cancellations require at least 24 hours notice.

Credit Card # _____ Type _____ Exp. Date _____

Signature _____

WELCOME!

7th Federal Interagency Sedimentation Conference
March 25 to 29, 2001

Single/Double Occupancy \$55

Room Preference: [] King [] 2 Queens

[] Non-smoking request

SUITES: Contact hotel directly for prices and availability.

Number of guests _____. Tel. No. () _____

All reservations subject to local tax

All reservations must be received by FEBRUARY 26, 2001, and accompanied by a one-night room deposit. Use Group ID Code = "FISC" to receive the special conference rate. Call 1-800-687-8733 for additional information or changes.