



Sheraton Miami Mart Hotel
711 NW 72nd Avenue
Miami, FL 33126
(305) 261-3800
www.sheraton.com/miamimart

Hotel Reservation Form

TO MAKE RESERVATIONS:

**Form must be received by Thursday,
October 4, 2007—3:00 PM**



E-mail a completed form,
one copy per room to:

salvarez@sheratonmiamimart.com
Fax (305) 260-8954

Questions?

For questions or concerns, email Sophia Alvarez at salvarez@sheratonmiamimart.com, or telephone 305-260-8906

CONFIRMATIONS

Confirmations will be sent after each reservation booking, modification and/or cancellation. Review it carefully for accuracy. If you do not receive a confirmation via email or fax within 24 hours after any transaction, please contact the hotel directly by phone at (305) 261-3800 and ask for In-House Reservations Department.

ROOM RATES/TAXES

To take advantage of the established group rates, be sure to book your reservation by **Thursday, October 4, 2007 —3pm**. After this date, the official **Air Cargo Americas** group block will be released and the hotel will charge significantly higher rates. All rates are per room, per night and are subject to a 13% tax (subject to change). The hotel will assign specific room types upon check-in, based on availability. Please be advised that requests are not guaranteed.

CHECK IN/CHECK OUT TIMES

Check in time is at 3:00 PM and Check out is 12 Noon

GUARANTEE

A credit card must be provided with each reservation request. Requests received without a valid credit card number will be returned and will not be processed.

CANCELLATION

Any cancellations received within 24 hours of schedule arrival date will have a credit card charged for one night's room and tax.

Reservation Request for:

**IX Air Cargo Americas
November 7-9, 2007**

Name and Address

Write the name and address of the contact person. Fill this portion out completely. If outside the USA, please include country code and city codes.

NAME

Last Name: _____

First Name: _____

Company Name _____

Street Name _____

City _____ State _____ Zip Code _____

Telephone _____ Fax _____

Email: _____

Occupants and Room Type

Arrival Date: _____ Departure Date _____

Group Rate: \$139 + 13% tax

Preference Smoking Non-Smoking

Number of people in room: _____ Number of beds in room: _____

Deposit Information

THE HOTEL REQUIRES A CREDIT CARD TO GUARANTEE RESERVATION.

Type of Credit Card: American Express Visa Master Card
 Other: _____

Credit Card #: _____

Expiration Date _____

Name on Card _____

Signature _____