

Hotel Information – Deadline November 12, 2007

The Conference will take place at the Boston Marriott Copley Place, 110 Huntington Avenue, Boston, Massachusetts USA, Tel.: (617) 236-5800. With its downtown location in the Back Bay area, the award-winning Boston Marriott Copley Place makes visiting the historic attractions easy. World-class shopping is just steps away at the Copley Place and Prudential Center malls and nearby Newbury Street.

IDEAlliance's special rate is \$214.00 single or double. To reserve your room and to get the special rate, please call the Boston Marriott Copley Place at (800) 228-9290 or (617) 236-5800 mentioning the IDEAlliance XML 2007 Conference room block.

Registration Confirmation

Confirmations will be sent to all attendees by email when full payment is received.

Cancellations

Cancellations must be received by mail (1421 Prince Street, Suite 230, Alexandria, VA 22314 USA) or fax: (703) 837-1072 before noon on November 14, 2007. After that date, registrants are liable for the entire fee. Substitutions are welcome.

Ground Transportation

Subway service, fee: 2.0 USD (one way); Estimated taxi fare: 30.0 USD (one way)

Press Registration

Complimentary press registrations are provided at the discretion of IDEAlliance. Please email gvolakis@idealliance.org for more information and include a link to your periodical's website.

Questions?

Contact Ms. Georgia Volakis at 703.837.1075 or gvolakis@idealliance.org

Complete this registration form and return to IDEAlliance. You are responsible for your hotel reservation.

REGISTRATION RATES

| | |
|---|---------|
| <input type="radio"/> Member | \$850 |
| <input type="radio"/> Nonmember | \$1,295 |
| <input type="radio"/> Academic – Supply Academic Affiliate | \$850 |
| <input type="radio"/> Additional Speaker | \$425 |
| <input type="radio"/> Student – Supply Current Full-Time Student ID | \$325 |
| <input type="radio"/> Partner, Peer Reviewer & Abstract Candidates | \$1,095 |
| <input type="radio"/> On-Site Registration Fee | \$100 |

TOTAL AMOUNT \$ _____

Payment

All registrations MUST be accompanied by payment: Check, Visa, MasterCard, or American Express.

Check Visa MC AmEx

Card number _____

Exp. date _____

Signature _____

Name

Title

Company

Address

City & State/Province Postal Code Country

Telephone Fax

Email

Please list any special or dietary needs:

Mail registration to:

IDEAlliance
1421 Prince St., Suite 230
Alexandria, VA 22314

Or fax registration to:

703.837.1072

Wire Transfers

For wire transfers, please contact registrar@idealliance.org

The content and materials of this conference are solely that of IDEAlliance.