



**USB-IF Compliance Workshop #70
November 2-5, 2009**

Vendor-Hosted Test Suites Form

Vendor-Hosted Test Suite Form:

The purpose of this form is to get your Vendor-Hosted Test Suite placed on the correct testing floor and space appropriately to prevent testing interference. Please fill out and fax your completed form to the USB-IF at +1(503) 644-6708 by **Monday, October 19, 2009**

- Faxing in this form does NOT register you for the event. To register for CW#70 please visit, <https://www.usb.org/members/events/>.
- Unlike previous Compliance Workshops completing this form does NOT make your sleeping room reservation for your suite. For information on how to make your vendor-hosted test suite reservation and general attendee sleeping room reservations please read below.

Making Your Room Reservations:

Please reserve your room at <http://embassysuites.hilton.com/en/es/groups/personalized/PDXESES-USC-20091101/index.jhtml> to make your Vendor-Hosted Test Suite reservation. Use the FIRST and LAST name you listed on your Vendor-Hosted Test Suite form if you are required to host a suite so we can find your reservation and place you in the correct room.

We recommend you make your reservation by Monday, **October 19, 2009**. This will help ensure your ability to get a room, as the hotel has been known to sell out. Once the group block is filled, rooms will be available at the prevailing rate. If you register and are unable to secure a room Monday-Thursday the standard event cancellation policy will apply.

Hotel Information:

Embassy Suites Portland Airport
7900 Northeast 82nd Avenue
Portland, Oregon 97220
USA
Phone: 1-503-460-3000
Fax: 1-503-460-3030

Event Dates: – November 2-5, 2009

Cancellation Policy:

Companies that no-show or do not cancel their testing reservation(s) for the upcoming workshop in writing to cancellations@usb.org by midnight (PT) **Sunday, October 25th** will not be eligible to test at the next scheduled Compliance Workshop, and subject to a \$500 cancellation fee. The cancellation fee must be paid before the company will be eligible to register for future workshops. This policy will be strictly enforced.

Company: _____

Product Type: _____ **Product:** _____

First Name: _____ **Last Name:** _____

Email: _____ **Phone:** _____

Check-in Date: _____ **Check-out Date:** _____