T10 SAS WORKING GROUP FEBRUARY 24-26, 2003

PROGRAM #20414

BW Grace Inn 10831 S 51st Street Phoenix, AZ 85044

AIR, CAR AND HOTEL RESERVATION

DEADLINE: FEBRUARY 10, 2003

ATTENDEES:

Call: (800) 469-5516 MEETINGS AT INTEL

Please prompt #1 (Domestic) then #3 (Meeting Services) to make your travel arrangements.

Refer to PROGRAM # 20414

Int'l Attendees: International Attendees may use (480) 768-4723 or iNet 8-355-0707 for their reservations

Services provided: Airline, Car, and Hotel Reservations

*Non-Intel Attendees MUST sign the following form and fax to (602) 470-3135, attention Mary

Kegley. Tickets will not be issued until form is received.

**This reservation cannot be booked with TravelWire. Please contact IMS at one of the above

numbers to request your flights, and confirm your attendance.

HOTEL RESERVATION ONLY:

E-mail / Fax: Attached registration form to Intel Meeting Service, address MaryX.K.Kegley@intel.com or

fax it to her at (602) 470-3135.

Service provided: HOTEL RESERVATION ONLY

NOTE FOR ALL ATTENDEES:

Please be prepared to provide date of arrival, date of departure, and credit card guarantee.

No show charges are your responsibility. If you fail to cancel your hotel reservation 24 hours prior to your scheduled date of arrival, one night's room and tax will be charged to your credit card.

The BW Grace Inn offers a complimentary airport shuttle which runs from 6:00 am - 10:00 pm. When your flight arrives, please contact the hotel at 480-893-3000, and they will advise on pick up location.

Should you decide to rent a car, please advise Meetings at Intel at the time of reservations.

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HOTEL REGISTRATION: DUE BY FEBRUARY 10, 2003

This form IS REQUIRED for ALL NON-INTEL ATTENDEES in order to secure hotel accommodations at the BW Grace Inn. Please fax this completed form to Meetings at Intel, ATTN: Mary Kegley at (602) 470-3135 or email to: MaryX.K.Kegley@intel.com

NO LATED THAN EEDDIIADV 10, 2002

	Please	type or print legibly	
DR. /MR. /MSLAST	DVD CIT		TEL:
			FAX:
COMPANY:		E	-Mail:
MAILSTOP/STREET ADDRE	ESS:		
CITY:	STATE:	ZIP CODE:	COUNTRY:
HOTEL RESERVATION	INFORMATION:		
CHECK IN DATE		CHECK OUT DATE	
CREDIT CARD NUMBER			EXPIRES
PREFERENCE:	SMOKING		NON SMOKING
ROOM RATE: \$69.00 PER NIGHT	Γ PLUS APPLICABLE TAX.		
DIETARY RESTRICTIONS/RE	EQUIREMENTS (please, be s	pecific)	
NO SHOW CHARGES ARE YOUR SCHEDULED DATE OF ARRIVAL			ERVATION 24 HOURS PRIOR TO YOUR IT'S ROOM AND TAX.
AIR INFORMATION:			
ARRIVAL DATE	TIME	AIRLINE	FLIGHT#
DEPARTURE DATE	TIME	AIRLINE	FLIGHT #
	Non-Intel	Traveler Authorization	<u>1</u>
waive, release, and discharge In and all liability, claims, damages	ngement for business travel, I ntel Corporation, its directors, s, costs, expense or causes of ac	officers, agents, representation, regardless of cause a	signs, representatives, executors and adr tatives, successors or assigns from and and without limitation, arising hereafter t rangements. I acknowledge that travel r

inherent risks of property damage, serious bodily injury, or death and I expressly and knowingly assume such risks.

I further acknowledge that Intel has negotiated special fares and rates for travel and accommodations and that Intel protects these as trade secrets and deems them confidential and proprietary information of Intel. I agree to maintain information regarding rates and fares in strict confidence; to take all reasonable precautions to prevent unauthorized disclosure of such information to third parties; to use such information only within the scope of services which I provide to or for Intel; and to utilize these fares only when Intel is responsible for the payment or reimbursement of my travel costs.

I give Intel's authorized travel agencies permission to use my credit card to guarantee hotels for late arrival.					
Understood and Agreed:	Traveler's Signature	Date	_		