

Hotel Reservations

2003 Annual Fall Pain Meeting, November 13-16, 2003 • Sheraton San Diego Hotel & Marina

Mail or Fax to: Sheraton San Diego Hotel and Marina- Mention ASRA if you phone in your reservation



Name _____

Last

First

MI

Address _____

City, State, Zip _____

Phone # () _____ *Fax # () _____ Email _____

Accompanying Person(s) Name _____ Adults _____ Children _____

*Children under 18 are complimentary in the same room with parents. Extra Adults in room are \$20 a night.

Arrival Day/Date _____ Time _____ (check-in 3:00 pm)

Departure Day/Date _____ Time _____ (check-out 12:00 n)

Please Reserve:

- | | | |
|--|---|--|
| <input type="checkbox"/> Standard Room | <input type="checkbox"/> \$249 Single | <input type="checkbox"/> \$269 Double |
| <input type="checkbox"/> Premium Room | <input type="checkbox"/> \$259 Single | <input type="checkbox"/> \$279 Double (Guaranteed Views) |
| <input type="checkbox"/> Club Room | <input type="checkbox"/> \$299 Single | <input type="checkbox"/> \$319 Double |
| <input type="checkbox"/> Suites | <input type="checkbox"/> \$500 Lanai Suites | <input type="checkbox"/> \$750 Executive Suites |

Additional Person Fee \$20

(Club Room and Suites include: Breakfast, Health Club Access, Local Phone Calls, and Self Parking)

- | | | |
|---|--|---|
| <input type="checkbox"/> Non-smoking room | <input type="checkbox"/> Smoking room | <input type="checkbox"/> Wheelchair Accessible (on Request) |
| <input type="checkbox"/> King | <input type="checkbox"/> double/double | |

Special Requests _____

Starwood Preferred Guest# _____

Rates do not include applicable taxes or resort service fees.

Cut-off date Monday, October 14, 2003

Rooms are subject to availability

Method of Payment

All reservations must be accompanied by a deposit for the first night's room and 10.545% tax. There is no penalty for cancellations 72 hours prior to the date of arrival. The deposit will be non-refundable if the reservation is not cancelled within this time frame.

In order to guarantee your reservation, please include the first night's deposit.

Mail to: **Sheraton San Diego Hotel and Marina**

Reservations Department

1380 Harbor Island Drive

San Diego, CA 92101-1092

Reservations: Phone (619) 692-2265 • Fax (619) 692-2312

Guest: Phone (619) 291-2900 • Fax (619) 692-2337

Enclosed is my check/money order in the amount of \$ _____

Please charge my deposit to: VISA Mastercard Carte Blanche

AMEX Diners Club

Card No _____ Expiration _____

Printed Name on Card _____

Signature _____

[IF MAILING, MAKE A COPY FOR YOUR FILE]