

Hotel Reservations

2004 Annual Fall Pain Meeting, November 11-14, 2004 • Pointe Hilton Squaw Peak Resort

Mail or Fax to: Pointe Hilton Squaw Peak Resort - Inform reservation clerk you are with ASRA if you phone in your reservation



Name _____
Last First MI

Address _____

City, State, Zip _____

Phone # () _____ *Fax # () _____

Email _____

Accompanying Person(s) Name _____

*Children under 18 are complimentary in the same room with parents. Extra Adults in room are \$15 a night.

Arrival Day/Date _____ Time _____ (check-in 4:00 pm) Departure Day/Date _____ Time _____ (check-out 12:00 n)

Please Request:

Run of the House (Single/Double) \$180
Rates do not include applicable taxes or resort service fees.

Non-smoking room Smoking room Wheelchair Accessible (on Request) King double/double

Special Requests _____ Hilton Preferred Guest# _____

Method of Payment

In order to guarantee your reservation, please include the first night's deposit. Credit card charged upon receipt. Reservations cancelled 72 hours prior to arrival will receive a full refund. Rates do not include applicable taxes or resort service fees.

Mail to: **Pointe Hilton Squaw Peak Resort**
Reservations Department
7600 North 16th Street
Phoenix, AZ 85020
Toll Free: 1-800-876-4683
Fax: (602) 870-2703

PLEASE USE THIS FORM!

NOTE: If you reserve your room through the internet, your reservation may not be protected in the event of over-booking.

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 _____

Rates do not include applicable taxes or resort service fees.

Cut-off date for guaranteed rates, Monday, October 18, 2004

Rooms are subject to availability

[if mailing, make a copy for your file]