

Hotel Reservation Form

AMERICAN SOCIETY OF REGIONAL ANESTHESIA & PAIN MEDICINE
29th Annual Spring Meeting & Workshops

March 11-14, 2004

Complete this Reservation Form and send Deposit to:



Walt Disney World Swan



Reservations Department
1500 Epcot Resorts Blvd. / P.O. Box 22653
Lake Buena Vista, FL 32830-2653
Ph: 1-800-227-1500
Fax: 407-934-4710

Please print or type

Name _____
Last First MI

Preferred Mailing Address _____

City, State, Zip _____

Office Phone _____ Home Phone _____ Fax # _____

Accompanying Person(s) Name(s) _____ #Adults _____ #Children _____

Children under 18 are complimentary in the same room with parents. *There is a \$25 charge for each additional adult (over two) occupying the room.

Rates (All rates quoted are exclusive of state/local tax, currently 11%. A \$5.00 per room per day resort services fee will be added.)

- \$242 Single \$242 Double \$302 Single/Double, Club Floor

Please Reserve:

_____ Rooms My Arrival Date is: _____ Arrival Time: _____ My Departure Date is: _____

Check in time is 3:00pm, check out time is 11:00am. For suites, please contact hotel directly.

- Non Smoking Smoking King Double/Double
(Based on availability)

Special Requests (In accordance with American Disabilities Act): _____

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

Enclosed is my check in the amount of \$ _____.

- Please charge first night's deposit to my VISA MasterCard American Express Diners Club Carte Blanche

Card No. _____ Exp. Date _____

Signature _____ Name Printed on Card _____

Credit Card charged upon receipt. Reservations cancelled 48 hours prior to arrival date will receive a full refund if cancellation number is obtained.
To make changes to reservations, please contact the hotel directly at 1-800-227-1500.

Cut-off date: February 6, 2004

Rooms are subject to availability