

## **RESERVATION FORM**

## NYU Radiology CME June 23, 2006 to July 2, 2006

varturo Dato		Pa	yment Inf	ormation	
Departure Date			Type of card		
Last Name		Na	ame as it app	pears on card	
First Name			Exp Date: I	Month / Year	
Telephone				Signature	
Fax					
E-mail					
Address					
ity/State/Zip					
er of Adults	# Kids:	Ages:			
(Please	of Accommodations put 1 for first choice and Classic Room @ \$259 Deluxe Room @ \$299 Deluxe Suite @ \$409	=	Bedding	Request:  King Room  Queen/Queen Room (limited amoun	nt)
La Posac & Spa, a in the I holding Radiolog with an 23 and June 30. rooms Friday night, Fi	commodations da de Santa Fe Resort da historic luxury resort de histor	Return this form reservations@lpdsf.com If you do not wish credit card number on e-mail, please either fato the Reservations E at 505-986-9646 OR leave your phone num good time to cal Reservations Agent wyour credit card in guarantee the room. If to talk to the Re Department directly, 727-5276 during busin Monday through Friday	via email  to send a unsecured x this form Department be sure to ber with a and a iill call for umber to you prefer eservations call 1-800- ness hours	Cancellation Policy The deposit (1st night's room) is refundable if cancellation is received at least 30 days prior to arrival, at which time a \$50.00 processing fee will be charged. Cancellations made within 30 days prior will be charged the full stay to the credit card used to reserve your room. Any reserved rooms that are left unoccupied due to no shows, late arrivals, or early departures will be charged the full nightly rate.	
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Additio	nal Guest Comments	/ Requests / Details			