Society for Pediatric Anesthesia

education research patient care

HOTEL RESERVATION FORM

PEDIATRIC ANESTHESIOLOGY 2009

March 19-22, 2009 at The Hyatt Regency Riverfront • Jacksonville, FL

Please Reserve:

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

Check in time is 3:00 pm, but we try to accommodate early arrivals, check out time is 12 noon. For suites, please contact hotel directly.

Name _____
Last First MI

Preferred Mailing Address _____

City, State, Zip _____ Email Address _____

Office Phone _____ Home Phone _____ Fax # _____

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

Extra Adults in a room are $20 per night. There is no additional charge for children under the age of eighteen.

Standard Room	❒ $189 Single	❒ $189 Double

Tax 14.13%

THE HYATT REGENCY JACKSONVILLE RIVERFRONT IS A SMOKE-FREE HOTEL.

Special Requests: _____

_____

Hyatt Passport# _____

All reservations must be accompanied by a deposit for the first night room and 14.13% tax. There is no penalty for cancellations 7 days prior to the date of arrival. The deposit will be non refundable if the reservation is not cancelled 7 days prior to arrival. Rooms and rates are subject to availability.

❒ Enclosed is my Check/Money Order in the amount of $_____(Please make payable to Hyatt Regency Jacksonville Riverfront)

Please charge first night's deposit to my: ❒ VISA ❒ MasterCard ❒ Discover ❒ American Express ❒ Enroute ❒ JBC ❒ Diners Club

Card No. _____ Exp. Date _____

Signature _____ Printed Name on Card _____

SEND RESERVATIONS TO:

Hyatt Regency Jacksonville Riverfront
225 East Coastline Drive ,
Jacksonville, Florida, USA 32202
Tel: +1 904 588 1234 Fax: +1 904 634 4554