



Usó Oficial



17^o Congress of the WFBSC - Buenos Aires – October 26-29, 2008

HOTEL RESERVATION FORM PARTICIPANT (PLEASE TYPE OR PRINT IN CAPITAL LETTERS)

First Name _____ **Last Name** _____
Street Address _____ **City** _____
Province/State _____ **ZIP Code** _____ **Country** _____
Fax () _____ **Phone ()** _____
E-mail _____

RESERVATION PROCEDURES

Deposit: In order to confirm a reservation a two night deposit is required. For that reason, a credit card information (Visa, MasterCard, or American Express) is requested as guarantee (no charge will be done).

Balance: The total of nights as well as all additional charges shall be paid directly to the hotel.

Cancellations: Full refund less US\$20 administrative charge will be granted for cancellations received until August 31st, 2008. For cancellations received between September 1st and September 22nd, 2008 there is a charge of one-night penalty. Cancellations received after September 22nd, 2008 and no-show(s) will have a charge equivalent to a two nights' rate. All cancellations or changes must be in writing to the General Secretariat.

HOTEL CATEGORY SELECTION

Please complete:

Cat.	Hotel	Rate US\$	Check-in date	Check-out date	# of rooms	Two nights deposit per room US\$	Subtotal US\$
5 *	Mariott Std Sgl/Dbf*	236				472	
5 *	Meliá Buenos Aires Std Sgl/Dbf**	242				484	
4 *	Meliá Tryp Std Sgl/Dbf**	170				340	
4 *	NH Lancaster Std Sgl/Dbf**	184				368	
4 *	NH Crillon Std Sgl/Dbf**	184				368	
4 *	Howard Johnson Florida Std Sgl/Dbf**	200				400	
4 *	Howard Johnson Florida Std Tpl**	242				484	
3 *	Waldorf Hotel Std Sgl/Dbf**	100				200	
3*	Hotel Promenade Std Sgl**	97				194	
3*	Hotel Promenade Std Dbf**	103				206	
TOTAL US\$							

Breakfast is not included / ** Breakfast included

I wish to guarantee:

- Early check-in (to guarantee, an additional night has to be charged)
- Late check-out (to guarantee, an additional night has to be charged)

Room type:

- Double / twin
- Double one bed
- Single

- Disabled (Please specify any special requests)

SPECIAL REQUEST

The published rates are quoted in US dollars, on a nightly basis and include VAT (currently 21%). Reservations will be handled on a first-come, first-serve basis. Confirmation of the reservation will be sent to you in due course, including the hotel assigned and its information. Check-in time: 15:00 hrs. Check-out time: 12:00 hrs.

PAYMENT

IMPORTANT: this portion must be filled out completely. Requests for reservation without complete payment information will not be processed and confirmed. If Credit Card Security Code is not provided hotel reservation will not be confirmed.

- Credit Card, please mark:
 Visa (VI) (13 to 16 digits)
 MasterCard (MC) (16 digits)
 American Express (AX) (15 digits)

I hereby authorize the **Sheraton** to debit from my credit card account the total amount of the required deposit.

Card Number: _____ **Exp. Date:** _____ / _____
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 Month Year

Cardholder's Name _____ **Security Code:** _____
Name as it appears on card VI / MC: final three digits on reverse side of the card AX: final four digits on front of the card (upper level)

Date _____ **Signature:** _____

I HEREWITH ACCEPT THE CONDITIONS STATED IN THIS FORM