

Hotel Reservation Form

Reserve a premier ASA hotel room BEFORE the ASA brochure is even mailed. Registrants who also plan to attend the ASA Annual Meeting can make ONE hotel reservation. Just list your all-inclusive dates on this form, for your entire stay in San Francisco. Don't wait!!!

Westin St. Francis

Reservations Department
335 Powell Street
San Francisco, California 94102
Reservations Phone: (415) 397-7000
Fax: (415) 774-0124

Please print or type

Name _____
Last First MI

Preferred Mailing Address _____

City, State, Zip, Country _____

Office Phone _____ Home Phone _____ Fax # _____

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

*No room charge for children under 18 years when sharing room with parents.
Group rates apply 3 days prior to this meeting and 3 days after the ASA's meeting,
subject to room availability.*

**FOR HOTEL USE ONLY
GROUP CODE: SPA**

Please Reserve: Provide all inclusive dates for your entire stay in San Francisco

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

Check in time is 3:00 pm / Check out time is 11:00 am -- All rooms are subject to tax, currently 14.08%. For suites, please contact hotel directly.

\$220 Single/Double

All SPA/JSPA Meeting registrants staying at the Westin St. Francis are guaranteed a room rate lower than ASA's published room rate, when registering with this form. Visit www.pedsanesthesia.org for rate information.

Non Smoking Smoking King 2 Double Beds Request Crib (Based on availability)

Special Requests: _____

Deposit Procedure: All reservations must be secured with the first night's room charge as a deposit which will be applied to your designated length of stay. Late arrivals or early departures will result in forfeiture of deposit. Please send a check or money order, or indicate your credit card. Credit cards will be charged upon receipt of the information below.

Cancellation Policy: Individual reservations may be canceled without penalty until 5 days prior to your arrival date. Within 5 days, canceled reservations will result in forfeiture of the deposit.

Enclosed is my Check/Money Order in the amount of \$_____ (Please make payable to Westin St. Francis)

Method of Payment: VISA MasterCard American Express Diners Club Discover

Card No. _____ Exp. Date _____

Signature _____ Name Printed on Card _____

Cut-off date: September 17, 2003

Make your reservations early, to ensure your accommodations.

All rooms are subject to availability