



333 NO. MICHIGAN AVE.
CHICAGO, IL 60601 U.S.A.

PHONES: (312) 263-1007
FAX: (312) 263-0077

Hotel Reservation Form

**Advances in Cosmetic & Medical Dermatology
February 25 - March 1, 2008**

Seminar participants have an option as to the category of accommodations. The rates are per room, on a daily basis, and are the same for single or double occupancy.

Room categories are based on availability on the date the request form is received. Should a category be sold out for the dates requested, your room reservations will automatically be confirmed in the next available category. **Hotel arrangements cannot be confirmed by phone.**

We strongly encourage participants to reserve early to insure a room in their desired hotel and category!

HOTEL ACCOMMODATIONS / ACMD SEMINARS & WORKSHOPS / February 25 - March 1, 2008/ WAILEA, MAUI

Deadline Date: January 15, 2008 Any reservation received after this date cannot be assured of hotel space or the group rate.

GRAND WAILEA RESORT & SPA (*Location of Seminars & Workshops*)

Terrace \$295.00 Garden View \$360.00

Ocean View \$460.00 Deluxe Ocean View \$485.00 x 2 Nights Dep = \$_____ + Tax

WAILEA MARRIOTT RESORT & SPA (*Limited number of rooms available*)

Garden View \$260.00 Ocean View \$315.00

Ocean Front \$360.00 x 2 Nights Dep = \$_____ + Tax

NOTE: To the above shown rates you must ADD a Daily Resort Fee of \$20.00 per room.
You must also ADD the present Hawaii Tax of 11.41% to all rates shown above (subject to change)

Special Requests: PLEASE CIRCLE No Smoking Room Smoking Room King Bed 2 double beds Arrival Date: _____

Other: _____ Departure Date: _____

Note: Special Requests will be forwarded to the hotel by HTC. It is the hotel that confirms or denies special requests.
Requests are not guaranteed by HTC, ACMD or the hotel. Hawaii State Law prohibits more than 4 persons per room.

<u>LAST NAME</u>	<u>FIRST NAME</u>	<u>AGE (if under 18)</u>	
1) _____	_____	_____	Address _____
2) _____	_____	_____	City _____ State _____ ZIP _____
3) _____	_____	_____	Office Phone _____ FAX _____
4) _____	_____	_____	E-Mail _____

DEPOSIT/CANCELLATION POLICY: An initial deposit equaling a two (2) night stay is required in order to confirm your reservation. After November 15, 2007 this deposit is non-refundable in the event of cancellation.

CHANGE POLICY: Any changes made to a reservation after the initial confirmation is subject to a \$25 administrative fee. Any reduction in the total room nights reserved after November 15, 2007 may be subject to penalty.

NOTE: All changes and cancellations must be done in writing to HTC.

Deposits may be paid by credit card or check. NO reservation will be confirmed without a form of deposit.

If paying by check, make payable to HTC INTL.

If by credit card, complete below Circle One: VISA MC AMEX

Card # _____ Expiration Date : _____ Name as it appears in card _____

Send this form to: **HTC INTERNATIONAL • 333 N Michigan Ave. • Chicago, IL 60601**
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