

HOTEL RESERVATION FORM

RESERVATIONS CAN
BE MADE BY:

Calling the Hotel Directly [800-262-0680]
Fax Completed Hotel Form [617-385-4001]
Mail Completed Hotel Form Seaport Hotel
Attention: Reservations Department
200 Seaport Boulevard
Boston, Massachusetts 02210

New England Society for Vascular Surgery 36TH ANNUAL MEETING | OCTOBER 2-4, 2009



DEADLINE

All reservations must be made by **Tuesday, September 1, 2009** (5:00 pm EST) to guarantee the group rate. After this deadline, **or if the NESVS block of rooms sells out prior to the above mentioned deadline**, availability and rate cannot be guaranteed.

PRICING

On behalf of our meeting attendees, the special rate of \$259.⁰⁰ has been secured over the dates of the meeting (plus applicable state and local taxes - currently 12.45%).

CONFIRMATION

All reservations require a major credit card for guarantee.

CANCELLATIONS

Cancellations must be received by 6:00 pm on the arrival day or one-nights room and tax will be assessed.

EARLY DEPARTURE FEE

Any early departure will be charged a fee based on one night's rate, 12.45% tax and \$3.⁰⁰ service charge.

CHECK-IN

Check-in time at the Seaport Hotel is 3:00 pm. All guests arriving before 3:00 pm will be accommodated as rooms become available.

CHECK-OUT

Check-out time at the Seaport Hotel is 12:00 noon. The bell staff at the Seaport Hotel can arrange to check baggage for those guests attending functions on departure day.

Name _____

Name of Guest _____

Address _____

City _____ State _____ Postal Code _____

Country _____

Telephone _____ Fax _____

Email _____

TRAVEL INFORMATION

ARRIVAL DATE: _____ ARRIVAL TIME: _____ : _____ AM PM

DEPARTURE DATE: _____ DEPARTURE TIME: _____ : _____ AM PM

PLEASE RESERVE THE FOLLOWING

- Single Occupancy \$259.⁰⁰/night
 Double Occupancy \$259.⁰⁰/night

SPECIAL REQUESTS

- King Bed Two Double Beds
 Other: _____

PAYMENT INFORMATION

- Check (Drawn On A U.S. Bank Only) Check #: _____
 MasterCard VISA American Express Discover

Credit Card #: _____

Expiration Date: _____ / _____ Security Code (3 or 4 digit #): _____

Name On Card: _____

Signature: _____