



RESERVATION FORM
CASPT Conference
Santiago, Chile

Attention: Conventions Department
Tel: 56-2 4708543
E-mail: maria.j.lopez@ritzcarlton.com

Fax: 56-2-470 8542

Reservation Form: Due date to make reservations: June 10th, 2012. Please send this reservation form to: maria.j.lopez@ritzcarlton.com

Number of People: _____
1. Mr. / Mrs. / Ms. Last Name: _____ Name: _____
2. Mr. / Mrs. / Ms. Last Name: _____ Name: _____
Company: _____ Email: _____
Address: _____ Tel.: _____
_____ Fax.: _____

**Please indicate Area and Country Code*

RATES: Valid from July 22nd to July 27th, 2012

Deluxe Room : **Single Room :** USD 180 with breakfast Included

Deluxe Room : **Double Room :** USD 200 with breakfast Included

ARRIVAL DATE: _____ FLIGHT: _____ TIME: _____

** Check-in is 15:00 hrs.*

DEPARTURE DATE: _____ FLIGHT: _____ TIME: _____

** Check-out is 12:00 hrs. (noon)*

SPECIAL REQUESTS (SUBJECT TO AVAILABILITY)

King Bed Twin Bed Vegetarian Other
Transport: From Airport To Airport Round Trip/Airport
** Transport Rate USD 70 (one way)*

RESERVATION GUARANTEE:

I authorize the charge of the total stay to my credit card:

Credit Card: AMEX VISA MASTER JCB Other

Credit Card Owner: _____ **Credit Card Number:** _____

Expiration Date: _____ **Authorization Signature:** _____ **Date:** _____

Notes:

1. Due date to make reservations for the participants: June 10th, 2012. Only for the dates mentioned above
7. Availability and rates outside the group's program dates are subject to space and rate availability.
8. In case of NO SHOW the hotel will charge a penalty for the entire stay.

RITZ, SANTIAGO HOTEL USE ONLY:

Reservation confirmed by: _____ Date: _____

Confirmation Number: _____

Special Note: _____

** This reservation ain't valid until confirmed by the reservation department.*