



Hotel Reservation Form

10th Annual Comprehensive Review & Update of Perioperative Echo

February 5-10, 2007

The Sheraton San Diego Hotel and Marina Welcomes the Society of Cardiovascular Anesthesiologists

Sheraton San Diego Hotel and Marina

Send Reservations to →

Reservations Department
1380 Harbor Island Drive
San Diego, CA 92101-1092
Reservations: Phone (877) 734-2726 • Fax (619) 692-2312
Guest: Phone (619) 291-2900 • Fax (619) 692-2337

Please Reserve:

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

Check in time is 3:00 pm, but we try to accommodate early arrivals, check out time is 12 noon. For suites, please contact hotel directly.

Name _____
Last First MI

Preferred Mailing Address _____

City, State, Zip _____ Email Address _____

Office Phone _____ Home Phone _____ Fax # _____

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

Extra Adults in a room are \$20 per night. There is no additional charge for children under the age of eighteen.

Standard Room	<input type="checkbox"/>	\$245 Single	<input type="checkbox"/>	\$265 Double
Premium Room	<input type="checkbox"/>	\$255 Single	<input type="checkbox"/>	\$275 Double (Guaranteed Views)
Club Room	<input type="checkbox"/>	\$275 Single	<input type="checkbox"/>	\$295 Double
Suites	<input type="checkbox"/>	\$500 Lanai Suites	<input type="checkbox"/>	\$750 Executive Suites

(Club Rooms and Suites include: Continental Breakfast for 2, Health Club Access, Local Phone Calls, and Self Parking)
(If your requested room and bedding type is not available, an alternate will be assigned.)

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

Special Requests: _____ Starwood Preferred Guest # _____

All reservations must be accompanied by a deposit for the first night room and 10.565% tax. There is no penalty for cancellations 7 days prior to the date of arrival. The deposit will be non refundable if the reservation is not cancelled 7 days prior to arrival.

Reservations include complimentary use of the Health Club and a high-speed internet connection.

Enclosed is my Check/Money Order in the amount of \$ _____ (Please make payable to Sheraton San Diego Hotel & Marina)

Please charge first night's deposit to my: VISA MasterCard Discover American Express
 Enroute JBC Diners Club

Card No. _____ Exp. Date _____

Signature _____ Printed Name on Card _____

Cut-off date: January 4, 2007

All rooms are subject to availability