



Society of Cardiovascular Anesthesiologists

30TH ANNUAL MEETING & WORKSHOPS

June 18 - 22, 2008 • Vancouver Convention & Exhibition Centre

DO NOT FAX THIS FORM TO SCA HEADQUARTERS

HOTEL RESERVATION FORM: Please call, fax or e-mail the hotel of your choice.

The Fairmont Waterfront
Ph: 1-800-441-1414
Ph: 604-691-1820 (Canada)
Fax: 604-691-1828
www.fairmont.com/waterfront/

Pan Pacific Vancouver Hotel
Ph: 1-800-937-1515
Ph: 1-800-663-1515 (Canada)
Ph: 604-662-8111
Fax: 604-895-2469
www.panpacific.com/Vancouver/Overview.html

Please print or type

Name _____
Last First MI

Preferred Mailing Address _____

City, State, Zip , Postal Code _____

Office Phone (_____) _____ Home Phone (_____) _____

Email _____ Fax # (_____) _____

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

Rates (All rates are in Canadian dollars):

The Fairmont Waterfront CDN \$285 City View CDN \$315 Water View
Pan Pacific Vancouver Hotel CDN \$295 Inner Harbor View CDN \$325 Harbor Mountain View

The Society of Cardiovascular Anesthesiologists has reserved a block of rooms at the above hotels. In order to receive the special conference rate, advise the reservations agent at the hotel of your choice that you are attending the SCA Conference. Reservations must be made prior to May 15, 2008 in order to receive the conference rates. Reservations received after this date will be on a space available basis at regularly published rates. Please call, fax or email the hotel of your choice. In the event your preferred hotel is not available, please call, fax or email your second choice. A 10% provincial tax and a 7% goods and services tax will be added.

Please Reserve:

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

Non Smoking Smoking King Double/Double (Based on availability)

Special Requests: _____

In order to guarantee your reservation, a credit card will be required.

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

Card No. _____ Exp. Date _____

Signature _____ Name Printed on Card _____

Cut-off date: May 15, 2008

Rooms and rates are subject to availability and change

Credit card charged upon receipt. Reservations cancelled 48 hour prior to arrival date will receive a full refund if cancellation number is obtained.