

HOUSING FORM

39th Annual Meeting of the AANS/CNS Section on Pediatric Neurological Surgery

November 30 - December 3, 2010
Renaissance Cleveland Hotel
Cleveland, Ohio

Housing Deadline

Monday, November 1, 2010

Special room rates are available for reservations made on or before Monday, November 1, 2010. (Based upon availability)

To make a reservation

Online

Visit www.pedsneurosurgery.org/meeting.asp and click on the housing link.

Fax

Complete and fax this form to 800-713-6287 (US only) or 847-759-6952 (International).

All hotel reservations must be guaranteed by a major credit card in order to confirm the accommodations. Credit card deposits will be charged at the time of check-in.

Cancellation Policy

A one night room deposit will be forfeited for any reservation that is cancelled after 4:00 pm of your arrival date. Any reservation that has not been cancelled, or for, individuals who do not arrive, will automatically be billed for one night's room and tax, and the entire reservation will be cancelled.

Accommodations

A Single or Double is \$159 plus tax. A portion of your room rate will be utilized to help cover the cost of the on-line registration and housing service.

Check-in is at 3:00 PM

Check-out is at 12:00 PM

Hotel room rates are subject to applicable state and local taxes in effect at the time of check-in. State and local taxes are currently 15.25% (subject to change).

Housing confirmations will be sent by the housing bureau within 48 hours

Please PRINT or TYPE:

Last Name _____ First Name _____

Organization _____

Address _____

City _____ State _____ Zip _____ Country _____

Business Phone _____ Home Phone _____

Fax Number _____ E-Mail Address _____

Please check one: I am a Medical Registrant an Exhibitor

Method of Guarantee

You must provide a credit card to guarantee your reservation. Your card will not be charged until you check-in.

MasterCard Visa American Express Diner's Club Discover

Upon check-in you will be required to present a credit card for payment.

Credit Card Number _____

Expiration Date _____

Print Name (as it appears on credit card) _____

Signature (I agree to pay any deposit or cancellation fees according to the card issuer agreement) _____ Date _____

Arrival Date _____ Departure Date _____

Shared Room (list all occupants)

Occupant _____

Occupant _____

Occupant _____

Room Type Requested (Based upon availability at check-in)

Single Double

Special Needs: _____

Changes: Please contact the housing bureau in writing and fax to 800-713-6287 (US only) or 847-759-6952 (International). After Friday, November 19, 2010 please contact the The Renaissance Cleveland Hotel directly to make any changes at (216) 696-5600.

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