

INTERNATIONAL SOCIETY FOR CNS CLINICAL TRIALS AND METHODOLOGY

8th Annual Scientific Meeting

21-23 February 2012

HOUSING RESERVATION FORM

The Ritz-Carlton ~ Washington DC

Accommodations may also be reserved in conjunction with online registration: www.isctm.org

Last Name:		First Name & Middle Initial:	
Share with:			
Arrival/Departure Information:			
Arrival Date: ____/____/____		Departure Date: ____/____/____	
Room Rate Single/Double: 239.00 (USD) Rate is listed in US Dollars and subject to occupancy tax, currently 14.5%			
<input type="checkbox"/> Please guarantee room for late arrival		Additional Requests:	
<input type="checkbox"/> I require a wheel chair accessible room			
Credit Card for holding reservation: (Credit card must be valid through 28 February 2012)			
<input type="checkbox"/> Visa/MasterCard <input type="checkbox"/> American Express			
Cardholders Name _____		Signature: _____	
Card Number: _____		Expiration Date: ____/____/____	
Hotel Cutoff Date:			
Hotel Cutoff date is Wednesday 25 January 2012. Reservations received after this date will be accepted at the group rate subject to availability. In order to receive the ISCTM group rate, reservations must be made through the ISCTM office or ISCTM online Meeting Registration site.			
Hotel Cancellation Policy:			
Hotel cut-off date is Wednesday 25 January 2012. In order to obtain the favorable group rate, ISCTM is contractually obligated for the rooms submitted at the cut-off date. Therefore, rooms cancelled after the hotel cut-off, and unable to be sold by the ISCTM to other attendees, may be charged up to the full length of stay. No shows will be charged.			

By signing this document, I declare that I have read and agree with all above terms and conditions as printed on this form.
Signature: _____ Date: _____

For additional information, please contact the ISCTM Secretariat office.

ISCTM Secretariat Office
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