

INTERNATIONAL SOCIETY FOR CNS CLINICAL TRIALS AND METHODOLOGY
2009 Autumn Conference
HOUSING RESERVATION FORM

Loews Coronado Bay • San Diego CA • 5 - 6 October 2009

Please note: *Housing can also be reserved during the online registration process.*

| | | | |
|---|--|---|--|
| Last Name: | | First Name & Middle Initial: | |
| Share with: | | | |
| Arrival/Departure Information: | | | |
| Arrival Date: ____/____/____ | | Departure Date: ____/____/____ | |
| Room Rate Single/Double: 219.00 (USD) Rate is listed in US Dollars and subject to 8% occupancy tax. | | | |
| <input type="checkbox"/> Smoking | | <input type="checkbox"/> Non Smoking | |
| | | <input type="checkbox"/> Please guarantee room for late arrival | |
| <input type="checkbox"/> I require a wheel chair accessible room. | | Additional Requests: | |
| Credit Card for holding reservation: (Credit card must be valid through 31 March 2009) | | | |
| <input type="checkbox"/> Visa/MasterCard | | <input type="checkbox"/> American Express | |
| Cardholders Name: _____ | | Signature: _____ | |
| Card Number: _____ | | Expiration Date: ____/____/____ | |
| Hotel Cutoff Date: | | | |
| Hotel Cutoff date is 10 September 2009. 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: | | | |
| Cancellations must be received in writing (fax or email) by the ISCTM Secretariat office no later than 5PM (US CST) Wednesday 09 September 2009 to avoid possible penalties. 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
PHONE: (1) (615) 383.7688
FAX: (1) (615) 296.0454
EMAIL: isctm@isctm.org