

Housing Reservation Form

6th International Congress on Meningiomas and Cerebral Venous System
September 3 – 6, 2008
John B. Hynes Veterans Memorial Convention Center
Boston, Massachusetts, United States

Please print or type:

Last Name (Family Name)		First Name	Credentials	
Organization				
Address				
City		State	Zip	Country
Phone		Fax Number		
E-mail Address				

Please check one: I am a Medical Registrant Exhibitor

Hotel Choice

- Boston Marriott Copley Place – Headquarters Hotel (\$259 Single / \$279 Double)
- The Fairmont Copley Plaza (\$294* Single / Double)
- Hostelling International – Boston (prices vary from \$35.00-\$109.99 per person)

* A portion of the room rate will be utilized to cover the cost of the online registration and housing services. The hotel room rates are subject to applicable state and local taxes in effect at the time of check-in.

Room Type Requested

- Single (one bed, one person)
- Double (one bed, two people)
- Double/Double (two beds, two people)
- Other _____

Special Needs: _____

Arrival Date: _____ Departure Date: _____

Number of Adults: _____ Number of Children: _____

Shared Room (list all occupants):

Occupant 1 _____

Occupant 2 _____

Occupant 3 _____

- A deposit equal to one (1) night's stay is required to hold each individual's reservation.
- Upon check-in you will be required to present a credit card for payment. If you use a corporate credit card number, you will need to provide a copy of the front and back of the credit card and an authorization letter from the credit card holder.

Method of Payment

- Visa
- MasterCard
- American Express

Credit Card Number _____ Expiration Date _____

Print name as it appears on credit card _____

Signature (I agree to pay above total according to card issuer agreement) _____

To Make a Reservation

Completed Housing Reservation Forms with credit card details can be submitted via online, faxed or mailed to the MCVS Housing & Registration Bureau. The online reservation form is the most immediate and secure method of registration.

Online:

www.TheMeningiomaConference2008.org

Fax:

(800) 952-9812 (U.S.)
(847) 759-4228 (International)

Mail:

MCVS Registration & Housing Bureau
c/o Conference Technology Enhancements
PO Box 2686
Des Plaines, IL 60018

A confirmation will be sent to you via e-mail or fax (if no e-mail address is supplied) or via mail (if no e-mail or fax number is supplied) within 48 hours of receipt of your reservation. You will receive one confirmation for housing and one for registration.

Reservation Information

Only one room may be requested on each form. If you are sharing a room, send only one form with the names of the persons who are sharing; be sure to include all names and the earliest arrival and latest departure date. Additional reservations will be taken on a space available basis only. Every effort will be made to reserve a room at the rate requested – if a room is not available, the next available rate will be reserved.

Accommodations

Every effort will be made to accommodate room/bed types, connecting rooms, specific locations, but can not be guaranteed. All requests are subject to availability upon arrival.

Check-in: 4:00 PM / Check-out: 12:00 Noon

Cancellation Policy

Each deposit is refundable providing each reservation is cancelled with the hotel at least 24 hours prior to day of arrival and a valid cancellation number is provided. Thereafter, the deposit will be applied to the final night's reservation and will be forfeited. Any reservation that has not been cancelled by or for an individual who does not arrive will automatically be billed for one night's room and tax. Revisions to departure dates may be made up to and including point of check-in to avoid payment of penalty.

Questions?

If you have questions, contact the MCVS Housing & Registration Bureau at (800) 713-0791 (U.S.) or (847) 759-4255 (International) or e-mail aansmcvs@cteusa.com.