



GROUP RESERVATION FORM FOR:

**Southern Chapter/Medical Library Association
GROUP DATES: October 20 to 25, 2005**

GUEST INFORMATION:

Name: _____
(Please Print)

Company: _____

Address: _____

Business Phone: (____)-_____-_____

Fax Number: (____)-_____-_____

Arrival Date: _____(4:00pm Check-in)

Departure Date: _____(12:00pm Check-out)

GUEST ROOM CATEGORIES:

Room Category Rate
\$139.00 Single/Double

of Adults _____ # of Children _____

Special Requests: _____

(Special requests are based on availability)

PAYMENT INFORMATION:

Reservations will be held with one (1) night's deposit with the following credit card or by enclosing a check or money order.

- Visa Master Card
- American Express Discover
- Diners Club JCB
- Check/Money Order Enclosed

CREDIT CARD INFORMATION:

Number: _____

Expiration Date: _____

Credit card Holder Cardholder
Signature: _____

I understand the I am liable for one night's Room, Tax, Resort Fee charge which will be deducted from my deposit, or billed through my credit card, in the event that I do not arrive on the date indicated or cancel my reservation within 1 day of arrival.

GENERAL INFORMATION:

Your group rate will be honored for the attendees three (3) days before group arrival and three (3) days after group departure based on availability.

Room rates are for single or double occupancy and are subject to an **11%** Tax and **9%** Resort Service Fee per room per night.

Extra person charge is \$40.00 each with a maximum of 3 people per room with existing bedding. Children under 18yr. at no additional charge.

GRATUITIES: Porterage will be charged at \$4.50 per person one time charge. Chambermaid will be charged at \$1.00 per person per night.

Mail this reservation form to:
InterContinental San Juan Resort & Casino
5961 Isla Verde Avenue
San Juan, P.R. 00979
Or you can fax to: 787-253-2114
Or you can call: 1-800-443-2009
& 787-791-6100 Ext. 4315
Attn: Lizette Vargas

Rooms should be booked by **September 21, 2005** to guarantee the conference rate.