



HOTEL RESERVATION FORM
Hennig XXV
August 14th to 17th 2006
Oaxaca, Mexico



PLAN	MISION DE LOS ANGELES HOTEL (Venue)	Rate Per room and per night		
		Single	Double	Triple
Room Only	Includes room, taxes and maid tip.	102.30	102.30	123.54
Package	Includes room, breakfast buffet, taxes, and maid tip.	115.30	128.30	162.54

Note: Rates are in US Dollars. Bell Boy tip NOT included in any option. (3 USD in/out per person)

Special conference rates are valid three days before and after the meeting dates

Complete this form in capital letters and send it by Fax to **INTERMeeting +52 (55) 5663-0035**

1. General Information

First Name	<input type="text"/>	Last Name	<input type="text"/>
City	<input type="text"/>	Country	<input type="text"/>
Phone	<input type="text"/>	Fax	<input type="text"/>
E-mail	<input type="text"/>		

2. Hotel Information: Please fill in the blank spaces of your choice

PLAN	ROOM OCCUPANCY	ARRIVAL DATE	DEPARTURE DATE
Room Only <input type="checkbox"/>	Single <input type="checkbox"/> Double: 1 bed <input type="checkbox"/> or 2 beds <input type="checkbox"/>	AUG/____/06	AUG / ____/06
Package <input type="checkbox"/>	Triple <input type="checkbox"/> 2 beds		
If shared room, companion name: _____			

3. Payment: The reservation will only be made with Credit Card. There will be NO charge to the credit card in advance. Payment will be done at the Hotel. One night no-show charge will apply; see below conditions and cancellation policy. Send this Reservation Form to **INTERMeeting**: +52 (55) 5663-0035. A confirmation will follow to by e-mail or fax. **No reservation will be processed without credit card data and signature.**

Fill in the Credit Card Information:

Card Holder Name	<input type="text"/>		
American Express <input type="checkbox"/>	Master Card <input type="checkbox"/>	Visa <input type="checkbox"/>	Issued by Bank <input type="text"/>
Card No.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Exp. Date	FROM: <input type="text"/> TO: <input type="text"/>
Code	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	4 digits for American Express 3 digits for VISA & Master Card	

CONDITIONS AND CANCELLATION POLICY

ALL HOTEL RESERVATIONS MUST BE MADE THROUGH **INTERMeeting**.
CANCELLATION MUST BE RECEIVED IN WRITING BEFORE JULY 10TH, 2006. AFTER THAT DATE A CHARGE OF ONE NIGHT WILL BE MADE.
CHECK IN TIME: 3 PM. CHECK OUT TIME: 1 PM

A CONFIRMATION WILL FOLLOW VIA FAX OR E-MAIL.
NO RESERVATION WILL BE PROCESSED WITHOUT CREDIT CARD DATA.

CARD HOLDER SIGNATURE
I authorize the charge to my credit card given



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