

XII CONGRESS OF THE MEXICAN ASSOCIATION OF SPINAL SURGEONS

June 22-25, 2011.



HOTEL HILTON CANCUN GOLF & SPA RESORT.



TYPE OF ROOM:	COST (USD)	VALUE ADDED TAX (16%)	COST PER ROOM PER NIGHT (USD)
SINGLE	\$160.00	\$25.60	\$185.60
DOUBLE	\$175.00	\$28.00	\$203.00

Additional person: \$62.- USD, breakfast included.

Prices per room, per night, according to the type of room selected.

TOTAL COST INCLUDES: Breakfast buffet according to the type of room selected, taxes and tips for bellboys and housekeepers

In order to guarantee your reservation, it is necessary to pay for the first two nights.

The remaining balance should be covered BEFORE your arrival

Fill out this form and send it by fax or e-mail to ESPECIALISTAS EN EVENTOS MÉDICOS:

Tels. +52 (55) 56 98 66 20, 56 98 66 21, 56 96 35 19, 56 96 50 91

reservaciones@espencon.com

RESERVATION FORM

(Type or print clearly)

GUEST INFORMATION

* INFORMATION FOR INVOICING:

Name: _____
 Address: _____
 Neighborhood: _____
 City: _____
 State: _____
 Zip Code: _____
 E-mail: _____
 Tel: _____ Fax: _____

* Company: _____
 * R.F.C.: _____
 * Fiscal Address: _____

* Note: In the event that you require an invoice, request it before the end of the month in which the payment was made. After that time **INVOICES CANNOT BE ISSUED**

(INCLUDE LONG DISTANCE NUMBERS)

RESERVATION INFORMATION:

Type of room: SINGLE (1 PERSON) * DOUBLE (2 PEOPLE, 1 BED) * DOUBLE (2 PEOPLE, 2 BEDS)

Name of room-mate: _____

Arrival Date: _____ Departure Date: _____

* SEND ONLY ONE REGISTRATION FORM PER ROOM with all the information requested, attaching payment for the first two nights of your hotel or the total amount for your stay.

* **CHANGES: NO CHANGES WILL BE MADE BY PHONE**, any change to your reservation must be communicated **IN WRITING** by fax or e-mail to Especialistas en Eventos Médicos, S.A de C. V.

FORMS OF PAYMENT

- 1) Account for bank deposit: **4023338346. Suc. 0630. Banco HSBC payable to Especialistas en Eventos Médicos, S.A de C.V.**
- 2) Electronic Bank Transfer **CLABE 0211 800 4023 3383 466 Suc. 0630. Banco HSBC payable to Especialistas en Eventos Médicos, S.A. de C.V.**
- 3) **Charge to credit card, VISA, MASTER CARD o AMERICAN EXPRESS** by filling the following form and sending by fax or e-mail, along with a copy of your **official ID** **And both sides of your credit card, required for processing your security code.**

Type of card: VISA MASTER CARD Bank: _____ AMERICAN EXPRESS

Card holder's name: _____

Card Number: _____ Expiration Date: _____

Card Code: _____

I hereby authorize Especialistas en Eventos Médicos, S.A. de C.V. to charge my credit card with the following payment:

Payment for 2 nights: \$ _____ Payment for entire stay: \$ _____ Cardholder signature _____

I owe and will unconditionally pay the issuing bank at sight, or any of its authorized representatives, the amount of this promissory note, and any additional charges issuing from the same.

IMPORTANT NOTES:

- * **CANCELLATIONS:** Any cancellation must be sent **IN WRITING** to Especialistas en Eventos Médicos
- BEFORE MAY 22, 2011, a fee of \$40.- USD will be assessed for administrative expenses
- From MAY 23 to JUNE 10, 2011 there will be a charge of one night of the total cost of the room, including taxes.
- AFTER JUNE 10, 2011, there will be a fee of two nights of the total cost of the room, including taxes.