

**Four Points by Sheraton Reservation Form**  
**(Please give to Reservations Department to enter) or FAX to: +1-310-399-2504**

Date of Arrival \_\_\_\_\_ Departure Date: \_\_\_\_\_

Number of Guests in Room \_\_\_\_\_ Rate Confirmed: \_\_\_\_\_ \$110

Type or Room:  smoking  non-smoking Cut-off Date: April 4, 2003

one bed:  two beds

Group 24th ISGP - Conference May 4-9, 2003

Guest Name : \_\_\_\_\_  
(Family Name) (Given Name)

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Room rate quoted does not include 12.045% room tax

Payment for hotel accommodations should be made directly to the hotel at the time of check-in. In order to guarantee your room, please supply the following credit card information. Without these details we cannot accept and confirm the reservation.

Credit Card:  Visa  MasterCard  American Express  Diners Club

Account Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Name of Card Holder: \_\_\_\_\_

“I guarantee this room reservation with my credit card. I agree that, in the case of non-arrival, the first night’s room rate will be charged to my credit card, unless the reservation has been cancelled by 72 hours prior to 6:00 pm on the date of arrival.”

Card Holder Signature: \_\_\_\_\_ Date: \_\_\_\_\_