

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: _____
(INCLUDE LONG DISTANCE NUMBERS)

* 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**

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 Bank: _____ AMERICAN EXPRESS

MASTER CARD

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: