



July 29 ~ August 3, 2007, Vancouver Convention & Exhibit Centre, Vancouver, Canada

EXHIBITOR HOTEL RESERVATION FORM

Please complete the form below and return it with the appropriate payment to ISPO 2007 Congress Secretariat,
C/o Venue West Conference Services Ltd.,
TEL: (604) 681-5226 FAX: (604) 681-2503 Email: congress@venuewest.com

PLEASE SEND IN YOUR HOTEL RESERVATION FORM ON OR BEFORE JUNE 11TH 2007 TO SECURE YOUR ROOM

PERSONAL INFORMATION

EXHIBITOR (Please type or print in block letters and √ where appropriate)

Title: Prof Dr Mr Mrs Ms
 Family Name: _____ First Name: _____
 Company: _____
 Address: _____
 City: _____ State/Province: _____ Zip/Postal Code: _____ Country: _____
 Tel: _____ Fax: _____ Email: _____

HOTEL SELECTION

Preferences (1,2 &3)	Hotel	Room Type	Daily Room Rate in CDN (Per Room/ Night)	Hotel Website
	Fairmont Waterfront	Fairmont Skyline	\$245.00 Single / Double	http://www.fairmont.com/waterfront/
		Portside Deluxe	\$269.00 Single / Double	
	Delta Vancouver Suites	Delta Room	\$229.00 Single / Double	http://deltasuites.ivancover.com/
		Deluxe Suite	\$254.00 Single / Double	
	Hyatt Regency	Standard Room	\$249.00 Single / Double	http://vancouver.hyatt.com
	Metropolitan Hotel	Standard Room	\$220.00 Single / Double	http://www.metropolitan.com/vanc/
	Days Inn	Standard Room	\$157.00 Single	http://www.daysinnvancouver.com/
			\$167.00 Double	
	Holiday Inn Downtown	Standard Room	\$179.00 Single / Double	http://www.holidayinnvancouverdowntown.com/
	Howard Johnson	Standard Room	\$152.00 Single / Double	http://www.hojovancouver.com/
	YWCA	Single w/ Hallbath	\$57.00	http://www.ywcavan.org/
		Db/Db/ w/ priv bath	\$123.00	
		Db/ w/ shared bath	\$90.00	
		Db/ w/ priv shower	\$119.00	

ACCOMMODATION REQUEST

Check-in Date: _____ Check-out Date: _____
 Occupancy: Single Double I will be sharing with: _____
 Preferences: Smoking Room Non-Smoking Room Wheelchair Accessible

PAYMENT DECLARATION

Credit Card: Visa MasterCard
 Name of Cardholder (in Capital Letters): _____
I hereby authorize "Venue West Conference Services Ltd." to forward my credit card information to the hotel to guarantee my room
 Card Number: _____ Expiry Date (MM/YY): _____

Credit Cardholder's Signature: _____ Date: _____