



The 12th World Congress of the International Society for Prosthetics and Orthotics

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

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.,

Suite 645-375 Water Street, Vancouver, BC, V6B 5C6, Canada

TEL: (604) 681-5226 FAX: (604) 681-2503 Email: congress@venuewest.com

We strongly recommend that you register online at: <https://www.venuewest.com/2007/ispo/reggen>

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

PERSONAL INFORMATION

DELEGATE (Please type or print in block letters and ✓ where appropriate)					
Title:	<input type="checkbox"/> Prof	<input type="checkbox"/> Dr	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms
Family Name:			First Name:		
Profession			Company/Institution:		
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.ivancouver.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	TBA	TBA	http://www.ywcavan.org/

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: _____