

Hotel Reservation Form

General Hotel Information

- Reservation Process: Advance Group accepts hotel requests online at www.e-healthconference.com or in writing via fax or mail using this official hotel reservation form. Reservations will not be accepted by phone.
- Hotel Prices: Quoted in Canadian Dollars(CAD) and do not include the current applicable taxes of 10% Hotel Tax, 5% GST and the 1.5% Destination Marketing Fee, per night per room. Note: Taxes are subject to change.
- Hotel Reservations: Will be assigned on the information received and on a first-come, first-served basis based on hotel and room availability.
- Hotel Confirmations: Forwarded directly to you via email, fax or mail.
- Individual Reservations: Hotel cancellation for hotel properties is 48 hours prior to check-in to avoid one night's room and tax charged by the hotel.
- Requests and Hotel Deposits: Advance Group requires receipt by 17:00 PDT on April 28, 2010 to ensure hotel assignment at the conference rate. Vancouver is a popular North American destination so book early to avoid disappointment. After April 28, 2010 all reservation requests, modifications & cancellations must be made to each official Conference hotel direct.

Delegate Information

Dr. Mr. Ms. Mrs. Miss

First Name _____

Last Name _____

Company _____

Address _____

City _____ State/Prov _____

Zip/Postal Code _____ Country _____

Daytime Phone _____

Cell Phone _____

Fax Number _____

Email Address _____

Hotel Information and Room Type

Check-in Date: _____ Check-out Date: _____

Please list your hotel choices in order of preference.

1. _____

2. _____

Room Occupancy

Single (1 person/1 bed) Triple (3 people/2 beds)

Double (2 people/1 bed) Quad (4 people/2 beds)

Double (2 people/2 beds)

Request non-smoking Request smoking

Special Request(s)

Additional Occupant Information

I will be sharing a room with:

Spouse Companion Child (Please indicate ages)

Name _____

Name _____

Name _____

Modification & Cancellation Policies

- Modifications and cancellations made by the guest online at www.e-healthconference.com are not charged a fee. Any modifications and cancellations received either via fax or email to Advance Group may be charged an administration fee of \$50.00 CAD.
- Individual cancellations must be done no later than the 48 hours prior to guest check-in to avoid 1 night's deposit charged by the hotel.
- If the credit card information you submit is incorrect and we need to contact you more than once to obtain correct information, a reprocessing fee of \$50.00 CAD may be charged by Advance Group.

Form of Payment / Guarantee

Canadian Money Order/Cashier or Company Cheque

One-night deposit at your chosen hotel's rate (please add 16.5% taxes), payable in CANADIAN DOLLARS and made payable to ADVANCE GROUP.

Visa MasterCard American Express

When guaranteeing your room by credit card, please print the name clearly as it appears on the credit card. Authorizing signature must be the same name as the name appearing on the credit card.

Name: _____ Exp. Date: _____

Card #: _____

I acknowledge and agree that I am authorizing the above costs to be charged to my credit card number in accordance with the information I have provided. I understand that reprocessing and administration fees may apply and are in accordance with the Advance Group and conference guidelines.

Signature: _____

Date Signed: _____

Fax or Mail Your Completed Form to:

ADVANCEGROUP

Attention:

e-Health 2010 Housing

Suite 101 - 1444 Alberni Street

Vancouver, B.C. V6G 2Z4 Canada

Phone: +1-604-688-9655 Extension 1

Fax: +1-604-685-3521

Email: ehealth2010housing@advance-group.com

Please retain a copy of this form for your records.