

Reservation Form • Travel Planners

New York University Medical Center, Department of Radiology

Four Seasons Resort, Jackson Hole • June 25–29, 2007

Deadline for Reservations and Payment: **May 4, 2007**

Reservations may be booked online at: <https://www.tpires.com/nyux/index.htm>

Book Online or Complete and Return to:

Travel Planners, Inc.

7550 IH10 West, Suite 1300

San Antonio, TX 78229

Phone: 210-341-8131

Fax: 210-341-5252

E-Mail: NYU@tpires.com

IMPORTANT: NAMES(S) AS SHOWN BELOW MUST MATCH PHOTO DOCUMENTATION OR THE AIRLINES WILL DENY BOARDING.

Last Name _____ First _____

Spouse/Guest _____

Child(ren) _____ Age _____ Child(ren) _____ Age _____

Mailing Address ☐ Home ☐ Office _____

City/State/Zip _____

Home Phone (_____) _____ Business Phone (_____) _____

Fax (_____) _____ E-mail _____

Airline Reservations

Arrange air transportation from (city) _____

To arrive in Jackson Hole on (date) _____ and return on (date) _____

Airline Preference (if any) _____ Frequent Flyer # _____

Seating Preference: ☐ Window ☐ Aisle

Hotel Reservations • Four Seasons Resort, Jackson Hole

(Please place a 1, 2, and 3 to indicate your category preference)

_____ Superior Room @ \$445 sgl/\$465 dbl _____ Deluxe Room @ \$470 sgl/\$490 dbl _____ Premium Room @ \$520 sgl/\$540 dbl

Arrival Date _____ Departure Date _____ # Persons in room _____

Special Requests _____

If you have special needs, please attach a letter.

Payment Summary

Hotel Deposit(s) (if not providing a credit card)*# _____ Room(s) @ \$1100\$ _____

Optional Activities.....# _____ Rafting (Mon. 6/25) @ \$150 (adult)\$ _____

_____ Rafting (Mon. 6/25) @ \$92 (child 6–12).....\$ _____

_____ Golf (Tue. 6/26) @ \$299.....\$ _____

_____ Float Trip (Tue. 6/26) @ \$135 (adult)\$ _____

_____ Float Trip (Tue. 6/26) @ \$75 (child 6–12)\$ _____

_____ Yellowstone (Wed. 6/27) @ \$400\$ _____

_____ Fly Fishing (Wed. 6/27) @ \$285.....\$ _____

_____ Hiking (Thu. 6/28) @ \$127\$ _____

_____ Horseback Riding (Thu. 6/28) @ \$85.....\$ _____

TOTAL\$ _____

Payment Method

☐ **Check Enclosed** made payable to NYU/Travel Planners, Inc.

☐ **Credit Card** (☐ Visa ☐ MasterCard ☐ American Express) **only.**

☐ Hotel Guarantee ☐ Optional Activities ☐ Airline Tickets

Account # _____ Exp. Date _____

Billing Name _____ Signature _____ Date _____

I have read and understand the booking/cancellation policies as outlined.

Signature _____ Date _____

**The hotel will charge the required deposit to your credit card approximately 45 days prior to arrival.*