

tal Imaging Conference Hotel Reservation Form

Group Name: New York University (NYU) Department of Radiology

Meeting Dates: Sunday afternoon, July 25–Friday morning, July 30, 2004
Fairmont Banff Springs

We look forward to extending to you our hospitality and service. To ensure your prompt reservation and check-in, kindly complete this form and note the following:

- Reservations are held until 6 p.m. unless guaranteed by a one-night deposit
- Deposits are refundable if cancellation is received 72 hours prior to arrival.
- Check-out time is Noon
- The conference rate is available two days prior and two days following conference.

PLEASE PRINT

Last Name _____

First Name _____

Organization _____

Address _____

City _____

Province/State _____

Country _____ Postal/Zip Code _____

Daytime Phone (_____) _____

Email address _____

Accommodations

Rates include the Modified American Plan (MAP) (breakfast and dinner daily). Please check your first-preference for room type.

Fairmont	<input type="checkbox"/> Single	Can \$559 (U.S. \$423)
	<input type="checkbox"/> Double	Can \$649 (U.S. \$492)
Fairmont Deluxe	<input type="checkbox"/> Single	Can \$639 (U.S. \$484)
	<input type="checkbox"/> Double	Can \$729 (U.S. \$552)
Banff Premier	<input type="checkbox"/> Single	Can \$679 (U.S. \$515)
	<input type="checkbox"/> Double	Can \$769 (U.S. \$583)
Junior Suites	<input type="checkbox"/> Single	Can \$719 (U.S. \$545)
	<input type="checkbox"/> Double	Can \$809 (U.S. \$613)
1-Bedroom Suite	<input type="checkbox"/> Single	Can \$919 (U.S. \$696)
	<input type="checkbox"/> Double	Can \$1009 (U.S. \$765)

of adults in room _____ # of children in room _____

Bed Type Request _____

Smoking Non-Smoking

*Based on conversion of 1.32 : 1 as of November, 2003

If room type requested is not available, the next available room type will be assigned. All rates are subject to current taxes and service charges as explained inside this brochure.

Please Hold My Reservation (check one)

Guaranteed by first night's deposit (check enclosed) payable to Fairmont Banff Springs.

Guaranteed to my credit card (AMEX, MC, Discovery, VISA, En Route, Diners Club, JCB)

Card Number _____ Exp Date _____

For Guaranteed Reservations

I understand that I am liable for one night's room and tax which will be deducted from my deposit or billed through my credit card in the event that I do not cancel at least 72 hours prior to the arrival date indicated.

Signature _____

Arrival Date: _____ Estimated Time: _____

Departure Date: _____

Special Requests _____

Please keep this as a copy of your hotel booking. Acknowledgement of payment and confirmation of your reservation will be made by Fairmont Hotels.

Mail Reservation To:

Fairmont Banff Springs Hotel
P.O. Box 960
Banff, AB T1L 1J4 Canada

Reservations Phone: (403) 762-6866 or 800-441-1414 (global)
Fax: 403-762-4447

Main Hotel Phone Number (on-site): (403) 762-2211

THE
Fairmont
BANFF SPRINGS