

Hotel Reservation Request Form – Four Seasons Costa Rica

NYU Radiology CME – January 11-15, 2016 (Meeting Dates)

Hotel Reservations are due on or before December 9, 2015

Please note rooms may sell out prior to this date

Requests made after this date will be based on availability as determined by our Reservations Department.
Pre/Post Dates Room extensions at the group rate 3 days before and 3 days after the main program dates are subject to availability.

Name		Sharing Room With	
Children's Name(s)		Children's Age(s)	
Address			
City/State/Zip			
Phone	()	Fax	()
Email			
Indicate if room will be shared by a third adult (over age 18); if so, an additional \$100.00 plus tax, per night charge will be assessed.		Yes <input type="checkbox"/>	No <input type="checkbox"/>

Accommodations have been reserved at a special discounted rate only for the NYU Radiology CME group.

Run of House Guest Rooms: \$535 ++

NYU rooms block includes a combination of rooms with varying views of tropical gardens, partial bay or ocean views and tropical forest scenery.
(*Canopy suites available at \$735 ++*) Please inquire with reservations.

- Rates are subject to applicable sales tax, currently 13%, and a Resort service charge of 10%.
- Room Rates include basic wireless internet for up to 3 devices per room
- Check-in time is 3:00 pm. Check-out time is 12:00 noon. Early arrivals/late departures have access to fitness facilities

Deposit/Payment Due Dates/Cancelation Policy

- Deposit of three (3) nights room charge, plus tax and resort service fee to be assessed and posted to individual credit cards at time of reservation.
- Remaining room revenue balance will be charged upon guest departure.
- Cancellation of room without penalty is permitted 30 days prior to arrival.
- Direct reservations must be made prior to December 9, 2015. The hotel will accept reservations after this date on a space available basis.
- A no show will result in the forfeiture of the entire deposit.
- Early departures will result in the forfeiture of the entire deposit.

Credit Card Number: _____

Exp. Date: _____

Cardholder's Name: _____

Signature: _____

Arrival Date: _____

Departure Date: _____

Airline: _____

Airline: _____

Flight Number: _____

Flight Number: _____

Arrival Time: _____

Departure Time: _____

Miscellaneous:

- Self-parking and valet parking complimentary
- Children 5 and under eat for free

Please E-mail completed reservation request form with confirmation of deposit to:

E-Mail: reservations.cos@fourseasons.com

Emailed reservations are preferred, however if you would like to make your reservation over the phone, please call +011 (506) 2696-0098 and mention NYU Radiology



FOUR SEASONS RESORT
Costa Rica at Peninsula Papagayo