

# 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/Cancellation 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](mailto: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*