

Hotel Reservation Form

Deadline to Return – February 6, 2009

Name: _____

Address: _____

Telephone Number: _____

Email: _____

Please indicate the dates you will need hotel accommodations.

March

Room preference:

If you require additional night(s) please contact the NCEMNA (310) 258-9515. The discounted rate only applies to the dates listed.

12

Single

13

Double/Double

14

Roommate:

Credit card Authorization – For Hotel Use Only

A credit card is needed to secure your room. If there is no cancellation the by the first night stay the hotel will charge your card.

Credit card

- Visa
- Master Card
- American Express
- Discover Card

Credit card Number

Exp

A copy of your confirmation will be sent to you via email by February 20, 2009.

Fax to:

Rochelle Carr

Program Coordinator

310 -258-9513

For security fax between 9:00am - 4:00pm (PST)