



39TH ANNUAL NEW YORK CARDIOVASCULAR SYMPOSIUM

Hilton New York ♦ December 8 - 10, 2006 ♦ New York, NY

INSTRUCTIONS:

Reservations can be made in one of the following ways:

Internet:

<http://www.acc.org/NYCVSymposium>

Telephone:

Toll free (US): 888-221-9425
International: 801-521-9025

Fax: 801-355-0250

Mail: ACCF/THC **

90 South West Temple
Salt Lake City, UT 84101

** The Housing Connection

IMPORTANT POLICIES

- Those requesting a room must first register for the program.
- Each registrant may reserve **ONE** room at the conference rate as long as rooms are available. One additional room, if available, will be at a rate set by the hotel.
- A **TWO NIGHT MINIMUM STAY** is required.
- Reservations will not be accepted without credit card guarantee or a check for **one night's room plus tax** for each room reserved.
- We reserve the right to release a reservation for which payment (check or credit card) has been declined.

DEADLINE

- All rooms will be booked on a first come first basis and are subject to availability.
- Rooms at the conference rate are **available until October 26, 2006 – or earlier if the block sells out.**
- Changes and substitutions must be made by phone, fax, mail or internet by **November 14, 2006.** After November 14, 2006 please contact the hotel directly.

CONFIRMATIONS

- THC will send you a confirmation of your reservation. Please review all information for accuracy.
- E-mail confirmations will be sent, if an e-mail address is provided (preferred), or by fax or mail.
- If you do not receive a confirmation or have questions, please call THC. **You will not receive a confirmation from the hotel.**

TAX & ADDITIONAL CHARGES

- All rates are per room and are subject to 13.37% tax (subject to change) as well as a \$2.00 occupancy charge.
- Special requests can not be guaranteed, however hotels will do their best to honor all requests.
- Hotels will assign specific rooms upon check-in, based on availability.

Additional program information:

<http://www.acc.org/NYCVSymposium>

****A TWO NIGHT MINIMUM STAY IS REQUIRED FOR ALL RESERVATIONS****

1. **Arrival Date** _____ **Departure Date** _____

2. GUEST CONTACT INFORMATION

Name: _____
First MI Last

E-mail: _____

Daytime Tel: _____ Fax _____

Company: _____

Address 1: _____

Address 2: _____

City/State/Province: _____

Zip/Postal Code: _____ Country: _____

3. HOTEL SELECTION

Please number hotels in order of preference (1st and 2nd) below.

- Hilton New York \$390 (single/double) + tax & additional guest charges
- Sheraton NY Hotel & Towers \$410 (single/double) + tax & additional guest charges

4. ROOM TYPE

Each registrant may reserve **ONE** room. One additional room, if available, will be at rate set by the hotel.

- ONE Bed NON-SMOKING request
- TWO Beds If you have a disability requiring special services

List all occupants: _____

5. GUARANTEE/DEPOSITS REQUIRED

Reservations will not be accepted without credit card guarantee or a check for **one night's room plus tax** for each room reserved.

- CHECK - payable to ACCF/The Housing Connection - for one night's deposit.
OR
- CREDIT CARD

Type: VISA MasterCard American Express Discover

Card Number _____

Exp Date: _____ Security Code: _____

Name on Credit Card _____

Cardholder's Signature* _____

*** Should I cancel my reservation AFTER October 26, 2006, I understand and authorize The Housing Connection to process a charge to my credit card for one night's room and tax for each room reserved**

CANCELLATION POLICY

- All cancellation must be submitted in writing.
- For cancellations received **AFTER OCTOBER 26, 2006:**
 - Those who have guaranteed their reservation **by credit card** will be charged one night's room and tax for each room reserved.
 - Those who have paid **by check** will forfeit the one night's deposit(s) paid.

No shows: If you do not arrive at the hotel on the date indicated you will forfeit your deposit and the hotel will cancel your room reservation