ACCOMMODATION BOOKING FORM

TITLE	LAST NAME	FIRST NAME
MAILING ADDRESS		
CITY	STATE	POSTCODE
COUNTRY	EMAIL	
TEL ( ) Area Code	FAX ( ) Area Code	

Room type ( ) ✓ ☐ SINGLE ☐ DOUBLE ☐ TRIPLE ☐ QUAD

NUMBER OF ADULTS IN ROOM _____

NUMBER OF CHILDREN IN ROOM _____ AGES _____

ARRIVAL FLIGHT AND TIME _____ DEPARTURE FLIGHT AND TIME _____

ACCOMMODATION CATEGORY (cost per person per night)	✓	SINGLE USD $	DOUBLE USD $	TRIPLE USD $	QUAD USD $	ARRIVE DATE	DEPART DATE
LUXURY		$180 to $200 p/p	$90 to $100 p/p	$77 to $79 p/p	$69 to $71 p/p		
FIRST CLASS		$158 to $186 p/p	$79 to $93 p/p	$63 to $73 p/p	$55 to $63 p/p		
MODERATE		$144 to $178 p/p	$72 to $89 p/p	$58 to $60 p/p	$45 to $51 p/p		
TOURIST		$134 to $176 p/p	$67 to $88 p/p	$49 to $71 p/p	$40 to $62 p/p		

BOOKING TERMS AND CONDITIONS
Organizing Committee 2003
How to Book
Bookings can be made by completing the ACCOMMODATION BOOKING FORM and either sending it in by mail or fax to Organizing Committee 2003. Alternatively, you can book on-line through the web site at www.puertorico2003.com. All bookings will be confirmed in writing showing accommodation details.
Payment / Deposits
A deposit of USD $50.00 per person is required to confirm your booking. 25% of total accommodation cost due no later than December 15, 2002. Balance of payment due March 31, 2003. Booking will be automatically cancelled if payments are not received by due dates.
Cancellation
A fee of USD $50.00 per person will be charged for cancellations after the booking is confirmed. Cancellation fee of USD $150.00 per person for cancellations received in writing after March 31 and before May 31, 2003. No refunds for cancellations received after May 31, 2003. Substitutions allowed at any time.

Faxed accommodations booking forms may be submitted if method of payment is by credit card.

PAYMENT DETAILS

Please check the appropriate box below: (ALL PAYMENTS IN **US** DOLLARS)

☐ I enclose money order/bank draft payable to Organizing Committee 2003 for the amount of USD$ _____ or

☐ I wish to pay by credit card. Please charge the amount of USD$ _____ to my

☐ VISA ☐ MASTERCARD

CARD HOLDER'S NAME
(as it appears on the credit card)

CARD NUMBER ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

CARD EXPIRATION DATE **SIGNATURE**

NOTE: Per person rate including applicable taxes.
All incidental charges will be paid by guest.
Triple and Quad rates are based on hotels' existing bedding.
Max. 2 full size beds per room. Cots are available at some hotels at an extra charge.

PLEASE MAIL OR FAX COMPLETED FORM TO:
Organizing Committee-2003
P. O. Box 367126 San Juan, Puerto Rico 00936-7126
Closing date for entries March 31, 2003.
Fax: (787) 773-2059