

EXHIBITOR HOUSING FORM
ISMRRM 16th Scientific Meeting & Exhibition
Metro Toronto Convention Centre
Toronto, Ontario, Canada
3-9 May 2008

**Convention
HOUSING
Management**

Book early to ensure the best hotel selection! Hotel reservations will be assigned on a first-come, first-served basis based on availability. After 20 March 2008, Annual Meeting rates may not apply.

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First Name										Last Name									
Institution/Company																			
Address																			
City						State/Province							Zip/Postal Code						
Country										E-Mail									
Phone										Fax									

Reservation Request: A minimum of 3 hotel choices should be provided when submitting a request.

2 Hotel Preference: 1. _____ 3. _____
 2. _____ 4. _____

3


	Thu 5/1	Fri 5/2	Sat 5/3	Sun 5/4	Mon 5/5	Tue 5/6	Wed 5/7	Thu 5/8	Fri 5/9
Sgl/DbI									
DbI/DbI									

Sgl = Single (1 person, 1 bed)
 DbI = Double (2 people, 1 bed)
 DbI/DbI = Double/Double (2 people, 2 beds)

Deposit Payment Policy: A deposit in CDN Dollars of one night's room rate plus tax is required to hold your reservation. Payment maybe made by credit card, or by wire transfer (contact CHM for Hotel routing number).

Reservation Changes and Cancellations: Any change in arrival or departure (a partial cancellation), or full cancellation must be made through CHM—the hotels will not accept changes directly—and may result in a penalty. Please be advised if you cancel or change your reservation after the cancellation deadline set by the hotel you will be charged for one night rate plus tax.

No-Shows: No refunds will be made for no-shows or early checkouts. If you don't check-in to the hotel on the first day of your reservation prior to 15:00 EDT (Eastern Daylight Time) and you do not alert the hotel in advance, the hotel will cancel your reservation and charge you a no-show.

If you require special accommodations please contact CHM at 1-800-422-8996 

Guarantee Policy: By providing the credit card information below, you agree to authorize the hotel to charge your credit card, in the local currency (CDN) at the prevailing exchange rate, in an amount from one night to all nights of your stay, as indicated, based upon the published room rate, plus tax.

4 Card Type: Visa Mastercard American Express Diners Club _____

Credit Card No: _____ Expiration Date: _____

Cardholder Name: _____ Signature: _____

(Cardholder authorizes a deposit for one night's room rate plus applicable tax to be charged to the credit card provided above)

Convention Housing Management
 1700 The Alameda
 2nd Floor, Suite 200
 San Jose, California 95126
 USA

Toll free: +1.800.422.8996 (Toll-free in the U.S. and Canada)
Tel: +1.408.918.4200 (Outside the U.S.)
Fax: +1.408.918.4250
Email: ismrm@chmrooms.com

Reserve accommodations online:
<http://www.ismrm.org>