

EXHIBITOR HOUSING FORM

ISMRR Eleventh Scientific Meeting & Exhibition
10-16 July 2003
Metro Toronto Convention Centre
Toronto, Ontario, Canada



Early booking is strongly advised to ensure best hotel selection. Hotel reservations will be assigned on a first-come, first-served basis based on availability. Rates shown in Canadian Dollars are per night, per room and do not include 5% Provincial Room Tax and 7% Federal Goods and Services Tax. Additional charges may apply for more than 2 people occupying the room. After **26 May 2003** the convention rate may not apply.

1

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. A deposit in US Dollars of one night's room rate plus tax is required to hold your reservation. Payment may be made by check deposit, credit card, or by wire transfer in US funds (Contact CHM for routing number). Do not send check deposit until after you receive confirmation of hotel assignment from CHM.

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

3

	Mon 7/7	Tue 7/8	Wed 7/9	Thu 7/10	Fri 7/11	Sat 7/12	Sun 7/13	Mon 7/14	Tue 7/15
Sgl/DbI									
DbI/DbI									

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

Reservation Changes: Any change in arrival or departure, room type or reservation cancellation must be made through CHM. After 24 March 2003 name changes and changes to date of arrival and/or departure are subject to availability within the ISMRM block and entirely at the discretion of the hotel.

Early Departure Fees: Some hotels impose a fee for early check-outs. This policy is entirely at the discretion of the hotel and the amount of the fee varies by hotel. To avoid a penalty, notify the hotel of any change in your date of departure at time of check-in.

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



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
San Jose, California 95126
USA

Call: 1-800-422-8996 (Toll-free within the U.S.)
Tel: 1-408-918-4200 (Outside the U.S.)
Fax: 1-408-918-4250
E-mail: ismrm@chmrooms.com
On-line: <http://www.ismrm.org>