



INTERNATIONAL ACADEMY OF CARDIOLOGY
3rd WORLD CONGRESS ON
HEART DISEASE
NEW TRENDS IN RESEARCH, DIAGNOSIS AND TREATMENT
WASHINGTON, DC, USA, July 12-15, 2003

ACCOMMODATION FORM

Please complete this form and fax or mail to:

The Hyatt Regency Washington on Capitol Hill
Reservations Department
400 New Jersey Avenue, NW
Washington, DC 20001
USA
Tel: +1 202 737 1234
Fax: +1 202 942 1576

Please complete the following information and return by **June 25, 2003**.

This is a reservation request only. Your group has reserved a block of rooms at the Hyatt Regency Washington on Capitol Hill. This reservation will be honored until the block of rooms have been filled or until June 25, 2003. If a room has been secured for you at the Hyatt Regency Washington on Capitol Hill, written confirmation will be mailed to you by the Reservations Department.

Guest Name: _____

Accompanying Person(s): _____

Company Name: _____

Street Address: _____

City: _____ State/Country: _____

Zip/Postal Code: _____ Telephone: _____

Fax: _____ E-mail: _____

Hyatt Gold Passport Number: _____

Convention/Group Code: 3rd World Congress on Heart Disease _____
(Hotel use only)

Arrival Date: _____ Arrival Time: _____ Departure Date: _____

Preferred Accommodation (subject to availability):

- Smoking Non-smoking
 Single: One person King: Two persons – one bed
 Double/Double – Two persons – two beds

Room Rates:	Single	Double	Triple	Quad
	US\$ 179.00	US\$ 204.00	US\$ 229.00	US\$ 254.00



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Rates for suites are available upon request.

** Rates do NOT include 14.5% sales tax and US\$ 1.50 per room occupancy tax.

Do you require a room accessible to the physically challenged? Yes No

*** **Please note:** One night's room deposit must accompany this Reservation Request in order to confirm your reservation. Upon check-out, you will be charged for ALL nights confirmed above. Your reservation will NOT be confirmed until we receive your deposit. In the event you need to cancel, please do so prior to May 31, 2003 in order to receive a full deposit refund. After this date, no refund can be made.

Advance deposit can be made by cheque or credit card. If a cheque is enclosed, please mark here .

If you will be making an advanced deposit by credit card, please complete the information needed below:

Guest Name: _____

Street Address: _____

City, State: _____

Country: _____ Postal Code: _____

Telephone: _____

Method of Payment: American Express Visa MasterCard

Credit Card No.: _____ Expiration Date: _____
(month/year)

Signature: _____ Date: _____

Please note: If you wish to make a direct bank wire transfer of your deposit, please contact the Reservations Department at the Hyatt Regency on Capitol Hill for further instructions.