

15th Annual Meeting

REGISTRATION FORM



HOTEL REGISTRATION FORM

The North American Skull Base Society

The Astor Crowne Plaza Hotel * New Orleans, Louisiana * February 11 – 17, 2004

Reservation requests will be honored as space allows. You will receive a confirmation directly from the hotel.

The reservation cutoff date is January 22, 2004.

(Please print or type)

Name _____

Mailing address _____

City _____ State _____ Zip _____

Daytime phone _____ Fax _____

Please reserve _____ rooms for _____ people.

Arrival date _____ Arrival time _____ Departure date _____

Check in time is 3:00 p.m.; checkout time is noon.

Room preferences

- Single - \$212.00 Double - \$212.00
 Smoking Nonsmoking Special Needs

Person (s) sharing the room with:

- 1 person/bed 2 people/1bed 2 people/2 beds
 3 people/2 beds 4 people/2 beds

Reservation terms (please read)

The hotel will require a first night's deposit, which is refundable up to 72 hours in advance of your arrival date. Checks and credit cards are acceptable to establish prepayment.

If you call to make your reservation, you must mention that you are attending the NASBS 15th Annual Meeting to obtain the special group rate.

Payment

- Check/Money Order
 MasterCard VISA AMEX Discover Diners Club/Carte Blanche JCB

Card number _____ Expiration date _____

I authorize the hotel to charge my account for one night's deposit and applicable taxes.

Signature _____

Mail or Fax this form to:

Astor Crowne Plaza - French Quarter • Corner of Bourbon & Canal

739 Canal Street at Bourbon • New Orleans, Louisiana 70130

Reservations: 1-888-487-9644 • Local: 1-504-962-0500 • Fax: 1-504-962-0501

Or call the hotel to make your reservations. Be sure to say you are with NASBS.