



IAEDP

International Association of Eating Disorder Professionals

August 2, 2005 – August 8, 2005

Group Reservation Form

Reservations received after **July 12, 2005** will be confirmed based on availability

First Name, Last Name:			
Phone Number		Fax Number	
Address:			
Sharing room with:			
Arrival date/time:			
Departure date/time:			

Credit Card Information: Please indicate credit card type below with an "x" and complete following information:			
<input type="checkbox"/> American Express	<input type="checkbox"/> MasterCard	<input type="checkbox"/> VISA	<input type="checkbox"/> Diner's Club
Card Holder's Name:			
Signature:			
Account Number:		Expiration Date:	

<input type="checkbox"/> Single room (one bed)	<input type="checkbox"/> Double room (two beds)	<input type="checkbox"/> Smoking	<input type="checkbox"/> Non Smoking	<input type="checkbox"/> ADA
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Special requests including, but not limited to, Bedding Preferences, Roll Away Beds, Microwaves, Refrigerators, VCRs, or ADA rooms are based on availability and may or may not have additional charges.

Check in time is 4:00 PM, Check out time is 11:00 AM

Once registered, a \$50.00 fee will be assessed for early departures.

IAEDP Standard Room Rate is \$139.00 per night, plus applicable taxes – currently at 13%

Cancellation/Advance Deposit/Cash Policy

Please be advised an advance deposit for one night plus tax will be charged to your credit card at the time of booking to guarantee the reservation. In order to secure the special **IAEDP** Rate, I understand that I am liable for the full amount of my reservation in the event of cancellation within 72 hours prior to the arrival date. If you will be paying cash, upon arrival to the Hotel, a \$300.00 room security deposit will be required.

Signature: _____ **Date:** _____

<p>FOR RESERVATION PLEASE CALL (877)LOEWS-MB (877)563-9762 OR PLEASE SEND THIS FORM VIA FAX TO: (305) 695-4490 OR MAIL TO: Loews Miami Beach Hotel Attn: Group Reservations 1601 Collins Avenue Miami Beach, FL 33139</p>
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