

HOTEL REGISTRATION FORM

FEBRUARY 15 TO 18, 2012



Last Name: _____ First Name: _____ Lic. Num. _____

Postal Address: _____

City: _____ State: _____ Zip Code: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Work Phone: Mobile Phone Fax

E-Mail:

ROOM RATE • Single / Double Room \$179.00 + TAXES • VALID OFFER UNTIL JANUARY 13, 2012

Rates do not include applicable state and local taxes, currently 11%, or the following automatic or mandatory charges: \$10.00 Hotel Fee, \$5.00 per person one-time Bellman Gratuity, \$1.00 per room/per night Maid Gratuity. No automatic or mandatory charges are tips, gratuities, or services charges for employees, unless otherwise expressly stated.

Complimentary English newspaper daily • Complimentary coffee and tea service in the room; replenished daily • Complimentary use of the Link@Sheraton, our own version of an internet café • Complimentary High Speed Internet Access at guest rooms and other designated areas throughout the hotel • Complimentary use of the fitness studio and access to the spa (treatments have a charge) • Complimentary use of towels and chaise lounges at our lavish sun and pool deck
Complimentary casino match play coupon of \$10.00 per room.

Date Check In: Date Check Out: Total Nights: Type Of Room:

Special Services (On Request)

GUEST LIST

Last Name	First Name	Age
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

REGISTER NOW

<input type="text"/>		<input type="text"/>	<input type="text"/>
NAME ON CARD			
<input type="checkbox"/> CREDIT CARD	<input type="text"/>	<input type="text"/>	<input type="text"/>
CREDIT CARD NUMBER			
<input type="checkbox"/> VISA	<input type="checkbox"/> MasterCard	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> OTHER	SEC. NUMBER	DATE	APPROVAL SIGNATURE

ADMINISTRATIVE USE ONLY

Confirmation Num: Received From:

Date Received: Confirmation Send:

Submit your registration by fax: 787.2946129 or by email: correa.sdms@gmail.com
For more information please call to SDMS Meeting & Event Planner 787.789.4008