



HOTELS & RESORTS WORLDWIDE  
 LIBERTY RESIDENTIAL OWNERSHIP  
 VACATION CLUB

SEM Conference 2009  
 November 17-23, 2009

Name \_\_\_\_\_ Last Name \_\_\_\_\_

Company \_\_\_\_\_

Conference Attending \_\_\_ Society for Ethnomusicology\_\_\_ Code Number \_\_\_ 291018 \_\_\_\_\_

Address \_\_\_\_\_

City/County \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_ FAX \_\_\_\_\_

Email \_\_\_\_\_

Arrival date \_\_\_\_\_ Estimated time \_\_\_\_\_

Departure date \_\_\_\_\_

TIPO DE HABITCIÓN/ROOM TYPE (Standard Deluxe/double)

CATEGORIA/Room Category	TARIFA/Rate	Supplement	# of Rooms
Double*	\$160.00		
Single*	\$160.00		
The Level*	\$210.00		

\*Shared with First Name \_\_\_\_\_ Last Name \_\_\_\_\_

COMMENTS \_\_\_\_\_

FORM OF PAYMENT to Guarantee the Reservation

Credit Card Visa \_\_\_ Amex \_\_\_ Master Card \_\_\_ Diners Club \_\_\_

Number \_\_\_\_\_ Expiration Date \_\_\_\_/\_\_\_\_

Bank Transfer \_\_\_ (Incluir los datos) \_\_\_\_\_

Other \_\_\_\_\_

Reservation Cut-off date: October 2, 2009

In case of a no -show the hotel is authorized to charge the total amount corresponding to all reserved days of the stay. This charge will be done to individuals credit cards. Cancellat ions must be made 72 hours prior to arrival.

Signature \_\_\_\_\_ Name \_\_\_\_\_ Date \_\_\_\_\_

Please send by fax or email to \_\_\_\_\_ :

**Leonel Mancilla**

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