



Attendee Housing Form
Housing Deadline February 20, 2009
3rd International Neurosurgical Winter Congress
March 22-29, 2009

To Return Form: **Fax:** 919-239-0266
Email: inerf@carolinaneuroscience.com
Mail: INERF Attn Lori Radcliffe
4030 Wake Forest Rd, Ste 115
Raleigh NC 27609 USA

Attendee Name

Hospital/Facility Name

Address

City

State

Zip

Country

Telephone

Fax

Email

Room Type Requested (Choose one)

7 NIGHT PACKAGE (includes lodging for 7 nights, 6 breakfasts, 7 dinners, 2 receptions)

Single (one person) \$2114 **Double** (2 ppl) \$1351 **Triple** (3 ppl) \$1092 **Quad** (4 ppl) \$966

Arrival Date

Departure Date

Check in time 4 p.m. Check out time 11 a.m.
Luggage storage available

Shared Room (list all occupants including ages of children)

(Children under 6 stay, eat and ski free)

Payment Information Visa Mastercard American Express

Credit Card Number

Exp Date

Print Name as it appears on credit card

Signature

Upon check-in you will be required to present a credit card to the hotel. If you use a corporate card number and will not have the card with you at check-in, you will need to provide a copy of the front and back of the credit card and an authorization letter from the credit card holder.

Hotel Information

Snowbird Ski Resort
Cliff Lodge
Highway 210
Little Cottonwood Canyon
Snowbird UT 84092
www.snowbird.com