5th Meeting of the Working Group on Fruit Flies of the Western Hemisphere

May 16-21, 2004 ● Ft. Lauderdale, Florida, USA

HOTEL RESERVATION FORM

Bonaventure Resort & Spa
250 Racquet Club Road
Ft. Lauderdale, FL 33326 USA
Phone: 1-954-389-3300
Fax: 1-954-384-6878

Rate: $79.00 per night — Single or Double Occupancy (1-2 people per room; Plus 11% tax)

- The Bonaventure Resort Spa is offering participants a special reduced room rate of **$79.00** plus 11 percent tax *(tax subject to change without notice)* and a $5.00 per room, per day resort fee with one or two occupants in a room. The resort fee includes entrance to the Spa Facilities, including use of the indoor hot and cold plunge pools, sauna, steam room and use of the cardio fitness room. It also includes individual transportation to and from the Bonaventure Golf Club and nearby tennis facilities, as well as various other resort amenities. Should you decide to incorporate a family vacation into your trip, the group rate will be honored three days prior and three days following the conference, based on availability.

Room Preference: ❑ Smoking ❑ Non-Smoking

❑ King Bed* ❑ Two Double Beds* *(*Room types cannot be guaranteed.)*

Number of Adults: _____ Number of children: _____

Arrival Date: _____ Departure Date: _____
(check in after 4:00PM) (check out by 12:00NOON)

Special Instructions: A first night's room deposit must be made with check, money order or credit card by the **April 1st** reservation cut-off date. For any reservations that "no show" or, are canceled within 72 hours of arrival, the deposit will not be refunded. Check-in time is 4:00 pm and checkout time is 12:00 noon. Should you arrive early or depart after these times, all reasonable efforts will be made by the resort to accommodate you.

Please print neatly or type

Name: _____ Phone: _____ Fax: _____

Organization: _____

Address: _____

City: _____ State: _____ Country: _____ Zip/Postal Code: _____

Email: _____

Charge my: ❑ VISA ❑ Master Card ❑ AMEX ❑ Discover ❑ Diner's Club

Credit Card Number: _____ Exp. date _____

Cardholder Name: _____

I understand that I am responsible for one night's room and tax which will be deducted from my deposit or billed through my credit card in the event I do not arrive or cancel within 72 hours of the arrival date indicated.

Signature _____

Reservation Must Be Made Prior To April 1, 2004
After this date, guestrooms and the group rate may no longer be available.

Please Fax this form directly to: 1-954-384-6878

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