

HOTEL RESERVATION FORM

Symposium: **New Horizons in Cardiovascular Treatments**
 December 11-13, 2008
 Shanghai International Convention Center, Shanghai, China

PERSONAL DETAILS

Please complete the following form in full.

Name			
Address			
Institution/Company			
City		State	
Country		Zip Code	
Phone		Fax	
Email Address			
Room Type <i>(e.g. single / double, smoking/non-smoking, etc)</i>			

HOTEL SELECTION

Please make your hotel selection.

Arrival Date								Departure Date	
Hotel Name	Hotel Grade	Room Type	Shuttle Bus to Convention Center	Rate per Person	Breakfast	Check Selected Hotel	No. of Guests		
Shanghai Oriental Riverside Hotel	5 star	Garden View	n/a*	RMB 1,400	Included for one guest	<input type="checkbox"/>	_____		
Shanghai Oriental Riverside Hotel	5 star	River View	n/a*	RMB 1,600	Included for one guest	<input type="checkbox"/>	_____		
Shanghai Barony Wanyuan Hotel	4 star	Regular Double Bed	yes	RMB 700	Included for one guest	<input type="checkbox"/>	_____		

*connected to the Convention Center

- Visit the following website for current currency exchange: www.oanda.com/convert/classic
- Cancellation needs to be made 1 week prior to arrival

FAX THIS FORM

Once completed, please fax this form to: **216-448-0784**

Make your fax to the attention of: **Csilla Myers**
 Cleveland Clinic Center for Continuing Education

