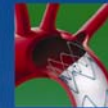
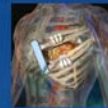




09 ISMICS

International Society for Minimally Invasive Cardiothoracic Surgery

San Francisco 3-6 JUNE 2009



www.ISMICS.ORG

Westin St. Francis Hotel
San Francisco, California



Guest Information:

Name:	Institution/Organization:
Address:	City/State/Zip:
Daytime Phone:	Fax:
E-Mail:	Starwood Preferred Guest Number:

Room Reservation Information:

Arrival Date (3:00 p.m. Check-In):
Departure Date (12:00 p.m. Check-Out):
Adults:
Children:
<input type="checkbox"/> Non-Smoking: please note the Westin is 100% non-smoking
<input type="checkbox"/> One Bed <input type="checkbox"/> Two Beds Request Only
<input type="checkbox"/> Room For One Person (\$259.00 USD)
<input type="checkbox"/> Room For Two Persons (\$259.00 USD)
<input type="checkbox"/> (additional persons in the room \$30.00 each)
<input type="checkbox"/> Please contact me regarding special needs.
Specials Requests (Upon Availability):

PLEASE MAKE YOUR RESERVATIONS EARLY.

The block of rooms reserved at the special ISMICS rate may fill before the deadline.

The Reservations Office must receive all reservations by Monday, May 4, 2009.

The discounted group room rates quoted are offered on a space available basis until Monday, May 4, 2009. Reservations requested after this date will be subject to the hotel's prevailing rates. Room rates do not include 14.06% combined taxes plus 1.5% Tourism Improvement District Assessment.

A deposit must accompany all reservations, equal to the first and last night's stay. Should you wish to use a credit card for deposit, please complete the payment information below. If you would rather use a check or money order to secure your reservation, please mail this form along with payment to the address listed below. NOTE: only checks drawn on U.S. banks payable in USD are accepted.

**Attention: Group Housing
Westin St. Francis Hotel**

335 Powell Street

San Francisco, California, 94102 USA

Reservations: 1- (800) 937-8461

Local Phone: 415-397-7000

CANCELLATION: You must cancel no less than 7 days prior to your arrival date or the full deposit is forfeit. Partial cancellation made less than 7 days in advance (length of stay shortened) forfeits the last night of deposit. Incomplete forms will not be accepted.

Payment Information:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Name (As it appears on Card) _____				
Security Code: _____ (See card images Above) Where is your Card Security Code? Your credit card's security code is a 3- or 4- digit number located on the front or back of your credit card.				
CREDIT CARD NUMBER: _____			EXPIRATION DATE: ____ / ____	
BILLING ADDRESS _____ (If not the same as address listed above)				
SIGNATURE: _____ I authorize to charge my credit card the above fees.				

Please fax completed form to Westin St. Francis 1+ 415-774-0392