

875 Hotel Circle South • San Diego, California 92108 Phone (619) 298-8281 • (800) 362-7871

Fax (619) 295-5610

INDIVIDUAL RESERVATION FORM

World Conference of Analytical Trilogy

Name of Group:

Dates: September 24-28, 2008				CONFIRMATION #
Rate:	\$75 sgl/dbl			
Reservations may be made by filling out the form below and				
Mail to Mission Valley Resort Hotel San Diego				We look forward to your arrival!
2)	Fax to (619) 295-5610			•
3)	Call our Reservations Department toll free (800) 362-7871			
4)	Email: deea@missionvalleyresort.com			
**Reservations must be accompanied by a first night room deposit. If paying by check we must receive your check 14 days prior to arrival. No shows and cancellations made within 48 hours of arrival will be charged a full night's stay plus tax by the hotel. Rates do not include tax of 10.55% nor 2%TDM assessment fee. CHECK IN: 3 PM CHECK OUT: NOON Name:				
rvaine.				
Address:City, State, Zip:				
Phone: Fax:		Email:		
Specia	ll Requests: □ Handicap □ Non-Smoking	•		
Arrival Date			Departure Date _	
	ethod: Credit Card Type: MC AMEX DISCOVER			
CC#:I		Exp. Date:		_
Name on Card:				
Make check	Payable to Mission Valley Resort Chec	ks Must be received	l 14 days prior to arri	val date.