

**Controversies and Advances in the  
Treatment of Cardiovascular Disease  
The Tenth in the Series**

October 7 & 8, 2010 ♦ Montage Beverly Hills  
225 North Canon Drive  
Beverly Hills, California 90210

**HOTEL RESERVATION FORM**

To request a room at Montage Beverly Hills at the special rate, please complete the information below.  
**Please note that cancellations and changes to reservations must be made 24-hours prior to arrival.** All reservations must be in by Monday, September 6<sup>th</sup>, to ensure this special rate.

**Standard King - US \$350 + tax**

**Deluxe King - US \$395 + tax**

**Standard Double (two queen beds) \$350 + tax** *(Special request based on availability)*

Arrival Date: \_\_\_\_\_ Departure Date: \_\_\_\_\_

Number of Adults: \_\_\_\_\_ Number of Children: \_\_\_\_\_

**CREDIT CARD TO GUARANTEE RESERVATION**

*You will need to present this card upon check-in*

Visa/MasterCard     American Express     Discover Card

Credit Card no. \_\_\_\_\_ Exp. \_\_\_\_\_

Signature \_\_\_\_\_

Billing address for Credit Card is the same as the information below.

Your signature above authorizes your credit card to be charged for the total payment due, including hotel deposit (if any). Promedica International CME and Montage Beverly Hills reserve the right to charge the correct amount if different from the total listed. Completion of the Hotel Reservation section signifies acknowledgement of and agreement to the guarantee policy. Your credit card is required to guarantee your reservation.

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First Name \_\_\_\_\_ Family Name \_\_\_\_\_

Hospital/Company \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Email Address \_\_\_\_\_

**Please email /fax this form to Erica Zoll [ezoll@promedicacme.com](mailto:ezoll@promedicacme.com) or 760-720-6263**