

**2008 SWAHAP MEDICAL CONFERENCE
RITZ-CARLTON HOTEL
CANCUN, MEXICO
July 2-6, 2008**

Reservation Request Form

Reservation's Name: _____

Address: _____ Zip Code _____

Home Phone# _____ Cell _____

A passport is required to travel out of the U.S., please send a copy of your passport with the registration form.

Full Name	Adults Children (2-12)	Date of Birth / Gender	Citizenship	Total Amount: Adult - \$1500.00 Child - \$1000.00

HOTEL ACCOMODATIONS:

KING SIZE BED _____ *DOUBLE SIZE BED* _____

ROOMS ADJOINING / SIDE BY SIDE _____

PLEASE SEND THE FOLLOWING TO RESERVE YOUR SPACE:

**** TOTAL AMOUNT PER PERSON WITH YOUR RESERVATION FORM***

****COPY OF PASSPORT TO TRAVEL OUT OF THE U.S.(IT IS YOUR RESPONSIBILITY)
TO THE SWAHAP OFFICE AS SOON AS POSSIBLE TO RESERVE YOUR SPACE***

If you have any questions please call the SWAHAP office at 532-9494 or go to our website at
HYPERLINK "http://www.swahap.org" www.swahap.org

Signature: _____ Date: _____