



**2010 SWAHAP MEDICAL CONFERENCE
 GREAT PARNASSUS All INCLUSIVE RESORT & SPA
 CANCUN, MEXICO
 JUNE 30TH TO JULY 5TH, 2010**

Reservation Request Form:

Reservation's Name: _____

Address: _____ Zip Code _____

Home Phone# _____ Cell# _____ Office# _____

Single Room.....\$1,600.00

Deluxe Room Prices (Maximum 2 Adults, 2 Children)

Adult.....\$1,400.00

Child 9-17yrs of Age.....\$1,300.00

Child Under 2yrs of Age.....\$ 200.00

Child 2-8yrs of Age.....\$ 900.00

Amenities in Room:

*View of the Ocean from a private Balcony

*Cable TV * Iron & Ironing Board

*Hair Dryer *Telephone with voice mail

* Shower Tub *Safety deposit box

Full Name	Age	Date of Birth	Female-F Male- M	Citizenship	Total Amount Per Person
					\$
					\$
					\$
					\$
					\$

Total Amount \$ _____

HOTEL ACCOMODATIONS:

KING SIZE BED _____ Or 2-DOUBLE SIZE BEDS _____

ROOMS ADJOINING / SIDE BY SIDE _____

PLEASE SEND THE FOLLOWING TO THE SWAHAP OFFICE AS SOON AS POSSIBLE TO RESERVE YOUR SPACE:

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

***COPY OF PASSPORT TO TRAVEL OUT OF THE U.S.**

If you have any questions please call the SWAHAP office at 532-9494

Signature: _____ Date: _____

SWAHAP

1444 Montana Ave Ste 101,

El Paso, TX 79902



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Reservation Request Form:

Reservation's Name: _____

Address: _____ Zip Code _____

Home Phone# _____ Cell# _____ Office# _____

Family Room Price(Maximum 2 Adults, 3 Children)

Adult.....\$1,400.00
 Child 2-17yrs of Age.....\$1,300.00
 1st Child Under 2yrs of Age.....\$ 200.00
 2nd or 3rd Child Under 2yrs of Age.....\$ 550.00

Family Room Amenities

- *Ocean View with Balcony
- *Cable TV * Iron & Ironing Board
- *Hair Dryer *Telephone with voice mail
- *Shower Tub *Safety deposit box

Full Name	Age	Date of Birth	Female-F Male- M	Citizenship	Total Amount Per Person
					\$
					\$
					\$
					\$
					\$

Total Amount \$ _____

HOTEL ACCOMODATIONS:

- 1) _____ KING SIZE BED AND BUNK BEDS AND A TRUNDLE. OR
- 2) _____ 2 DOUBLE BEDS AND BUNK BEDS AND A TRUNDLE.

ROOMS ADJOINING / SIDE BY SIDE _____

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