

NINTH WORLD CONGRESS OF THE INTERNATIONAL SOCIETY FOR ADAPTIVE MEDICINE

August 2 - 5, 2009, Taipei, Taiwan

HOTEL BOOKING FORM

Please complete and return this form to Conference Secretariat by email or fax as soon as possible to secure your reservation. Confirmation and follow-up correspondence will then be conducted by hotels. Should you have any questions regarding hotel accommodation, please do not hesitate to contact Ms. Nathaniel Quah at nathaniel@convention.com.tw or at 886-2-8780-2962 #152.

Secretariat use only

Date received:

Registration No.:

Online reservation available:

<http://www.caesarpark.com.tw/en/taipei.php> (Caesar Park Hotel Taipei) **Booking password: ISAM 2009**

http://www.ymcahotel.tw/check_en_old.php (YMCA Hotel Taipei) **Special request: Remark ISAM 2009**

PERSONAL PARTICULARS OF DELEGATE (Please type or print clearly in CAPITAL LETTERS)

Title: Prof. Dr. Mr. Mrs. Ms.

Last Name:

First Name:

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Organization:

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Tel:

Fax:

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E-mail Address:

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HOTEL REGISTRATION (This section MUST be completed)

Hotel	Walking Distance to Venue	Room Type and Conference Special Rate Per Night (tax & service charge included)	Hotel Preference
Caesar Park Hotel Taipei	Conference Venue	<input type="checkbox"/> Single - NT\$ 3,500 (US\$103) (Included 1 Breakfast) <input type="checkbox"/> Twin - NT\$ 3,700 (US\$109) (Included 2 Breakfasts)	
YMCA Hotel Taipei	3 Minutes	<input type="checkbox"/> Single - NT\$ 1,620-1,800 (US\$53-59) <input type="checkbox"/> Double/Twin - NT\$ 1,890-2,160 (US\$60-71) (Breakfast NOT Included)	

Check-In (dd/mm/yyyy):

Check-Out (dd/mm/yyyy):

Total Nights:

Arrival Date:

Flight No.:

Time:

Departure Date:

Flight No.:

Time:

PAYMENT (One night deposit required for each room reserved)

Name of the Card Holder: _____

Card Type : VISA MasterCard

Card No. : _ _ _ _ - _ _ _ - _ _ _ _

Expiry Date : _ _ (M) / _ _ (Y)

V-Code (3 digits located on the back of the credit card): _ _ _

Signature of Card Holder: _____ Date: _____