Hotel Reservation Form

Town & Country Resort & Conference Center
500 Hotel Circle North
San Diego, CA 92108

Phone: (800) 772-8527; Fax: (619) 294-4681

To register online, go to www.towncountry.com; click on group reservation and enter attendee code 14040

Single/Double $109; Triple $129; Quad $149

Reservation Deadline: December 14, 2004

- Reservations received after December 14, 2004 will be on a space and rate available basis.
- Rates are good for 3 days before and 3 days after the convention dates subject to availability.
- Check In Time: 3:00 PM — Check Out Time: 11:00 AM
- Room rates are subject to the current 10.5% sales tax.
- Family plan is at no additional charge for children 18 years and younger, using existing bedding.
- Reservation must be received and guaranteed by December 14, 2004 with one of the following:
  - An enclosed check or money order covering the first night’s stay to include 10.5% sales tax.
  - Amount of Check/Money Order $120.45
  - Major credit card with an expiration date and an authorized signature.

- Deposits will be refunded only if cancellation notification is received at least 48 hours (2 days) prior to arrival.

Name: ______________________________________________________________________
Address: ____________________________________________________________________
City: _______________________________ State/Country: ___________ ZIP/Postal Code: ______
Phone: ____________________________ FAX: _____________________________________

Sharing Room With: _____________________________________________________________

Arrival Date: _________ Time: __________________________________
Depart. Date: ________ Time: __________________________________

- King Bed Smoking
- 2 Double Beds Smoking
- King Bed Non-Smoking
- 2 Double Beds Non-Smoking

Accommodations for the Disabled: The Town & Country Resort is in compliance with the American Disabilities Act. Please inform them of your needs prior to arrival.

Credit Card:  □ American Express □ MasterCard □ VISA □ Diners Club □ Discover
Cardholder’s Name: _______________________________________________________________________

Credit Card #: ___________________________________________ Exp. Date: __________________
Cardholder’s Signature _____________________________________________________________________

Please mail or FAX your reservation to the address/FAX number above