

**4th International Meeting on Yeast Apoptosis
Wyndham Miami Beach Resort
November 13th to November 17th, 2005**

HOTEL RESERVATION FORM

Title Professor Dr. Ms. Mr.

Surname _____

First Name _____ Middle Initial _____

Institution/Company _____ Department _____

Home (not work) address (if payment is by credit card, please provide address to which credit card bills are mailed):

Street _____ City _____ State _____

Country _____ Zip/Postal Code _____

Telephone _____ email _____

Date of arrival (m/d) _____ Date of departure (m/d) _____

Are you an invited speaker? No Yes (If yes, do not fill in payment information below)

Single occupancy (US \$124/day) ***Double occupancy** (US \$62/day)

*If double occupancy is requested, please provide name of "preferred roommate" (if you have a preference) and indicate whether this person is, or is not attending and registering for the meeting. If your "preferred roommate" is not registering for the meeting, payment due is \$124/day.

Name of preferred roommate _____ Attendee? Y N

If you choose "double occupancy" and wish to be assigned a roommate, please indicate your gender: male female

Payment: US \$ _____ If paying by check, please make checks (certified bank checks only please) payable to University of Miami and mail with completed form to the address below.

Credit card: Visa Mastercard Amex

Credit card number _ _ _ _ _ - _ _ _ _ _ - _ _ _ _ _

Expiration date (month/day/year) _ _ / _ _ / _ _ **Signature** _____

To guarantee your reservation, please send payment or payment information with this form. Upon receipt of payment, each participant will receive confirmation with an invoice. Do not send payment to the hotel. The rates quoted above are in effect during the meeting and for 3 days before and after meeting dates.

Cancellation policy: If your hotel reservation is cancelled before October 1, your payment will be refunded. Refunds cannot be made after this date or if you arrive earlier or later than the dates indicated on this form. Changes in reservations can be made up to October 1st by sending an email to LRosenzw@med.miami.edu or by telephone (305 243 3173)

FAX this form to: 305 243-4555 or mail (with check if payment is not by credit card) to: **Yeast Apoptosis Meeting**, Department of Molecular & Cellular Pharmacology, University of Miami/Miller School of Medicine, P.O. Box 016189 (R-189), Miami, FL 33136