



**2017 Midyear Conference
January 14-24, 2017
The Westin St. Maarten Dawn Beach Resort & Spa
www.westinstmaarten.com**

Please send this hotel reservation form directly to:
resmgr@westinsxm.com
or call: Telephone 1-721-543-6700 ext. 6013 & 6014

Reservations received after December 2, 2016, are subject to availability.

Check-In Time: 3 p.m.

Check-Out Time: 12 p.m.

CARDHOLDER NAME (as it appears on Credit Card):

Dr. or Mr. or Mrs. or
Ms. _____

COMPANY: _____

BILLING ADDRESS: _____ **CITY:** _____

PROVINCE/STATE: _____ **POSTAL/ZIP CODE:** _____

TEL #: _____ **FAX:** _____

E-MAIL: _____

GUEST FULL NAME: _____

ROOMMATE (if applicable): _____

DATE OF ARRIVAL: _____ **FLIGHT ARRIVAL INFO:** _____

DATE OF DEPARTURE: _____ **FLIGHT DEPARTURE INFO:** _____

NO. OF NIGHTS: _____ **NO. OF PERSONS:** _____ **NO. OF ROOMS:** _____

SPECIAL REQUESTS:

Room Rates for the Westin St. Maarten Dawn Beach resort & Spa

Please select the room type of your preference:

Resort view room
US\$339.00 single OR double occupancy (please check)

Ocean Front room
US\$389.00 single OR double occupancy (please check)

All mentioned rates include:

- Rooms accommodation
- Free use of the resort facilities on the premises of the hotel

All rates are subject to:

- 5% government tax & 15% service charge (portage and maid gratuities) per room, per night
- \$10 daily Resort Fee per room, per night (unlimited Wi-Fi, in-room coffee, safe, unlimited local calls on the Dutch side, use of beach chairs and towels, 24-hour Fitness studio and use of steam room and hot sauna in the Hibiscus Spa)

Confirmations: Our reservations department will e-mail you a confirmation letter.

DEPOSIT REQUIREMENTS:

To guarantee your reservation please return the completed reservation form before **December 2, 2016**, with a 1-night deposit payment or guarantee for each room.

METHOD OF PAYMENT: CREDIT CARD

AMEX **VISA** **MASTER CARD** **DISCOVER**

CARD NO: _____ **EXP.DATE:** _____

NAME ON CARD: _____

BILLING ADDRESS: _____

CANCELLATION:

30 days or more prior to arrival: full refund
29-15 days prior to arrival: 1 night deposit
14 days or less prior to arrival: guest will be charged for the entire stay
Early departures & No-Shows: charged for entire stay

I, _____, AUTHORIZE THE WESTIN ST. MAARTEN DAWN BEACH RESORT & SPA TO CHARGE MY CREDIT CARD ACCOUNT LISTED ON THIS DOCUMENT FOR THE CHARGES ASSOCIATED WITH DAILY ROOM CHARGE, TAX, SERVICE CHARGE, RESORT FEE AND INCIDENTALS.

I CERTIFY THAT THE INFORMATION PROVIDED ON THIS APPLICATION IS TRUE / CORRECT TO THE BEST OF MY KNOWLEDGE. I AM AURHORIZED TO EFFECT CHARGES ON THE CREDIT CARD NUMBER HERE PROVIDED. I AGREE THAT IN THE EVENT OF A DISCREPANCY TO THE ACCOUNT, TO NOTIFY THE RESORT'S ACCOUNTING DEPARTMENT WITHIN SEVEN WORKING DAYS OF RECEIVING THE CREDIT CARD STATEMENT.

SIGNED: _____ DATE: _____

PLEASE PRINT FULL NAME: _____