Hotel Reservation Form

SUNDIAL BEACH RESORT WELCOMES
IEEE Communication Theory Workshop, May 18-22, 2002
GROUP CODE: 455851

Arrival Date: _____ Arrival Time: _____Departure Date:_____

Name: _____ Signature: _____
Company: _____
Address:_____ City: _____ State:_____ Zip:_____
Country:_____
Telephone (Work): _____ Telephone (Home): _____

Credit Card Type (Circle One): MasterCard Visa Discover Diners American Express
Card Number |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|
Expiration Date: _____Name on Card:_____ Signature:_____

One bedroom Suites
☐ Single Rate ($150*)
☐ Double Rate ($150*)
* All subject to applicable state and local taxes.
ACCOMMODATIONS: Check Out by 11:00am on the day of departure
☐ Smoking ☐ Non-Smoking

CANCELLATION POLICY IS FOURTEEN DAYS PRIOR TO ARRIVAL
CANCELLATION WITHIN FOURTEEN DAYS WILL RESULT IN FORFEITURE OF DEPOSIT

PLEASE COMPLETE THIS FORM AND RETURN IT BY MAIL OR FAX TO:
Reservations Department
Sundial Beach Resort
1451 Middle Gulf Drive, Sanibel Island, Florida 33957
Website: www.sundialresort.com
Phone: 888-707-7888
Fax: 941-481-4947

Please complete one form for each room needed, a confirmation will be mailed.
First nights room deposit will automatically be charged to your credit card.

Reservations must be received by April 3, 2002 to guarantee your room and the group rate.