

HOTEL RESERVATION FORM
(PLEASE USE CAPITAL LETTERS)

**DEADLINE
JULY 03. 2006**

1.- PARTICIPANT PERSONAL INFORMATION:

MR. MRS. MS.

Last Name : _____ First Name : _____
 Passport N° : _____ Date of Birth : ____/____/____ Nationality : _____
 Telephone : (____) _____ Fax : (____) _____ E-m@il : _____
 Address : _____
 City : _____ Country : _____

Accompanying person: Last name: _____ First name: _____
 Passport N° : _____ Date of birth : ____/____/____ Nationality : _____

Accompanying person: Last name: _____ First name: _____
 Passport N° : _____ Date of birth : ____/____/____ Nationality : _____

Accompanying person: Last name: _____ First name: _____
 Passport N° : _____ Date of birth : ____/____/____ Nationality : _____

2.- HOTEL RESERVATION: PRICES PER SINGLE OR DOUBLE ROOM, PER NIGHT, BREAKFAST INCLUDED.

Please fill in your first and second choice. If your first choice is not available, your confirmation and deposit will apply to your second option.

| HOTEL | Hotel Category | Option | | Rooms Category | Price in US\$ | | Room | |
|-------------------------------------|----------------|--------------------------|--------------------------|----------------------|------------------|--------|--------------------------|--------------------------|
| | | 1 | 2 | | Single or Double | Single | Double | |
| Crowne Plaza Hotel (SITE HOTEL) | 5* | <input type="checkbox"/> | <input type="checkbox"/> | Deluxe | 125 | | <input type="checkbox"/> | <input type="checkbox"/> |
| Plaza San Francisco Hotel | 5* | <input type="checkbox"/> | <input type="checkbox"/> | Standard | 83 | | <input type="checkbox"/> | <input type="checkbox"/> |
| NH Hotel Ciudad de Santiago | 5* | <input type="checkbox"/> | <input type="checkbox"/> | Deluxe Suite | 75 | | <input type="checkbox"/> | <input type="checkbox"/> |
| Fundador Hotel | 4* | <input type="checkbox"/> | <input type="checkbox"/> | Standard | 77 | | <input type="checkbox"/> | <input type="checkbox"/> |
| Galerías Hotel | 4* | <input type="checkbox"/> | <input type="checkbox"/> | Standard | 78 | 80 | <input type="checkbox"/> | <input type="checkbox"/> |
| Providencia Hotel | 4* | <input type="checkbox"/> | <input type="checkbox"/> | Standard | 75 | | <input type="checkbox"/> | <input type="checkbox"/> |
| Diego de Almagro Hotel | 3* | <input type="checkbox"/> | <input type="checkbox"/> | Standard | 55 | 65 | <input type="checkbox"/> | <input type="checkbox"/> |
| Principado de Asturias Hotel | 3* | <input type="checkbox"/> | <input type="checkbox"/> | Standard | 60 | 70 | <input type="checkbox"/> | <input type="checkbox"/> |
| Principado Hotel | 2* | <input type="checkbox"/> | <input type="checkbox"/> | Standard | 50 | 60 | <input type="checkbox"/> | <input type="checkbox"/> |
| Santa Lucía Hotel | 2* | <input type="checkbox"/> | <input type="checkbox"/> | Standard | 44 | 52 | <input type="checkbox"/> | <input type="checkbox"/> |
| Apart Hotel Lyon Rent a Home | 3* | <input type="checkbox"/> | <input type="checkbox"/> | Two rooms apartments | 80 | | | <input type="checkbox"/> |
| Apart Hotel R. Carnicer Rent a Home | 3* | <input type="checkbox"/> | <input type="checkbox"/> | Two rooms apartments | 55 | | | <input type="checkbox"/> |

Arrival Date : ____/____/____ Departure Date: ____/____/____ Pre-registration Date (1*): ____/____/____

Total of nights : _____ Smoking room Non-smoking room

(1*) The check-in time established by hotels is at 3:00 p.m. If you need your room to be available before that time, your reservation must be made from the night before (pre-register), which must be additionally paid.

Fill in with an X for your authorization for early check-in (pre-register).

The check out time established by hotels is at 12:00

3.- ARRIVAL TRANSFER AIRPORT / OFFICIAL HOTELS:

a).- Regular transfer service: Yes No PRICE PER PERSON, REGULAR SERVICE: US\$ 15 (minimum 06 person)
 Regular service will be provided in fixed schedules.

*** The final arrival transfer service timetable will be published in advance on the website: www.wcc-2006.org ***

Arrival date : ____/____/____ Airline : _____ Flight N°: _____ Arrival time: _____ N° pers. _____

b).- Private transfer service: Yes No PRICE PER VEHICLE, PRIVATE SERVICE : US\$ 40 PER CAR (maximum 02 person)

Arrival date : ____/____/____ Airline : _____ Flight N°: _____ Arrival time: _____ N° pers. _____

Kindly send us your flight information 7 days before your arrival, to coordinate your transportation promptly

4.- METHOD OF PAYMENT:

Deposit : All hotel reservations must be guaranteed with the first night deposit.

All deposits must be sent DIRECTLY TO TURISMO TAJAMAR. No hotel reservation will be confirmed without the deposit.

If your first choice is not available, your deposit will be applied to your ASSIGNED HOTEL. Deposits ARE NOT REFUNDABLE AFTER JULY 03, 2006.

Please note that first night deposit with credit card, will NOT BE CHARGED IN ADVANCE, unless you cancel your reservation after July 03, 2006. Credit Card information is only a guarantee for your hotel reservation. You must pay the total of nights booked directly at the hotel.

These especial hotel prices APPLY ONLY to participants attending this congress and all reservations must be requested ONLY to Turismo Tajarar.

Hotel first night deposit = US\$ _____ Arrival transfer airport/hotel = US\$ _____ GRAND TOTAL = _____

Deposit paid by check over New York payable to TURISMO TAJAMAR and sent by courier to:

TURISMO TAJAMAR. Address: Orrego Luco 023 – Providencia – Santiago/Chile Att: Ms. Jenny San Martin R.

Deposit by Credit card: Visa Mastercard American Express Diners

Credit Card Number: _____ Expiration date : ____/____/____

Cardholder's Name : _____ Cardholder's SIGNATURE: _____



PLEASE RETURN THE COMPLETED FORM BY FAX TO:

Official Travel Agency : Turismo Tajarar S.A.

Att. : Ms. Jenny San Martín R.

Tel : (56-2) 336 8142 / 336 8185

E-m@il : jenny.sanmartin@tajamar.cl

Fax : (56-2) 233 2996

YOUR SIGNATURE IS VERY IMPORTANT