



Hotel Registration

20th Annual National Interdisciplinary Breast Center Conference
Planet Hollywood Resort & Casino, Las Vegas, Nevada - March 20-24, 2010
Pre-Conference Courses - March 20 & 21, 2010

Member ID # _____

Member Site ID # _____

Name _____

Professional Title _____

Facility Name _____

Mailing Address

Facility

Home Residence

City, State, Zip _____

Work Phone _____ Home Phone* _____ Cell Phone* _____

Fax* _____

Attendee Email Address* _____ Send Confirmation to This Email Address: _____

*Fax number or e-mail address MUST be provided to receive housing confirmation.

*Please provide a phone number where you can be reached 24/7 in case there is an issue with your housing (cell and home)

REDUCED ROOM RATES! The room rate has been reduced to only \$150 per night for a single or double occupancy. For a third person in the room (limit 3 people per room) add \$30 to double room rate plus 12% tax per room, per night. With tax, the totals are \$168 for a single or double and \$201.60 for a triple. Reservations booked after February 22, 2010 are subject to room availability at the prevailing room rate. Hotel cancellations after February 22, 2010 will be charged first night room charges. Room rates good March 14 - 28, 2010 based upon availability. To cancel housing reservations, contact the NCBC office at 574-267-8058 or Prestige Meeting and Travel Planners, LLC at 574-306-2345.

Arrival Date _____ Departure Date _____ Number in Room King* 2 Doubles* Smoking Non Smoking

Name of 2nd Person in Room _____ Name of 3rd Person in Room _____

Special Accommodation Requests _____

*Room type is not guaranteed. Room type is confirmed upon check-in.

To confirm room, the first night's deposit and taxes MUST be guaranteed with a credit card. Credit cards will be billed by Planet Hollywood Resort & Casino on or after March 1, 2010. Please make sure credit card expiration date will be valid through 03/10.

Credit Card: _____ (Circle One) AM EX MasterCard Visa Discover

Card # _____ Expiration Date _____

Print card holder's name on credit card. _____

Authorized Signature _____

Yes, please call me with information about flight arrangements.

Submit Hotel Reservations to:

U.S. Mail

National Consortium of Breast Centers, Inc.
P.O. Box 1334, Warsaw, IN 46581-1334

FedEx

National Consortium of Breast Centers, Inc.
1017 E. Winona Ave., Warsaw, IN 46580

• **Voice:** 574-267-8058 • **Fax:** 574-267-8268 • **Email:** NCBC@breastcare.org