RADISSON DEAUVILLE RESORT

6701 Collins Ave, Miami Beach, FL 33141
www.radissondeauville.com
National Reservations: 800-333-3333 **Direct to Hotel:** 305-865-8511 **Fax:** 305-861-2367

Complete this form and return with one night's deposit to the Radisson (not AAPT) by ***Jan. 2, 2004****.*

NAME _____

COMPANY _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

DAYTIME TELEPHONE _____ FAX _____

ARRIVAL DATE _____ TIME _____

DEPARTURE DATE _____ TIME _____

Single/Double Occupancy – $149/night (plus tax)

_____ Single _____ Double _____ Smoking _____ Non-Smoking

Sharing room costs with _____

NOTE: If person(s) you plan to share room with does not show up, you assume responsibility for full room charges.

To guarantee reservations, check one:

_____ American Express _____ VISA _____ Discover _____ MasterCard _____ Diners Club

Card Number _____ Exp. Date _____

I authorize the Radisson Deauville Resort to charge my account for one night's deposit and all applicable taxes if I fail to show for my guaranteed reservation or fail to cancel my room within 24 hours prior to my arrival date.

SIGNATURE _____

Send or fax this completed form directly to the Radisson Deauville Resort, *not to AAPT.* See address and fax number above.