



HOTEL BOOKING FORM

FOR THE 37TH ANNUAL WMTS CONGRESS



DR. MRS. MR. FIRST NAME: _____ LAST NAME: _____

ROOM OCCUPANCY LIST

1. _____ 3. _____
 2. _____ 4. _____

Check-in Date: _____ Check-out Date: _____

Choose 1 of the following 3 hotels for reservations. Please indicate whether you would like 1 King or 2 Queens.

1. Hilton Hotel, Mission Bay **** (Tournament Hotel)

- Standard Room (King or 2 Queen) with patio, frig & mini bar..... \$189.00+tax/night
- Premium Room (King or 2 Queen) with view, patio, frig. & bar..... \$209.00+tax/night

2. Bahia Hotel, Mission Bay *** ½ (kids under 18 free)

- Standard Room (King or 2 Queen)
- Double..... \$129.00+tax/night
 - Triple..... \$144.00+tax/night
 - Quad..... \$159.00+tax/night

- Studio Room (King or 2 Queen) with kitchen
- Double..... \$149.00+tax/night
 - Triple..... \$164.00+tax/night
 - Quad..... \$179.00+tax/night

- One Bedroom Suite (King or 2 Queen) with kitchen
- Double..... \$179.00+tax/night
 - Triple..... \$194.00+tax/night
 - Quad..... \$209.00+tax/night

3. Holiday Inn, Mission Bay ***

- Standard Room (King or 2 Queen)..... \$ 89.00+tax/night
- 1 BR Suite (King or 2 Queen) with frig. & microwave..... \$109.00+tax/night

METHOD OF PAYMENT Please complete in BLOCK LETTERS

Credit Card (Payments will be charged in US dollars. The hotel will charge a first night's fee upon receiving reservation.)

Method of Payment: [] Amex [] Visa [] MasterCard

Credit Card#: _____

Expiration Date: _____

Signature: _____

Return form to: American Medical Tennis Association
 1803 Cobblestone Drive, Provo, Utah 84604, USA
 Phone: 800-326-2682 Fax: 801-374-0135
 E-mail: AMTA@mdtennis.org