



# 8TH INTERNATIONAL SYMPOSIUM ON PEDIATRIC PAIN

JUNE 7 - JUNE 11, 2009 ACAPULCO, MEXICO



## CREDIT CARD AUTHORIZATION FORM

I hereby authorize the Westin St. Francis hotel to charge my credit card for the services indicated below.

**I am aware that my credit card will be charged immediately upon receipt of this fax and prior to the guest stay.**

- Room / Tax \_\_\_\_\_
- Entire Account \_\_\_\_\_
- Others (please specify) \_\_\_\_\_

### Reservation Details

Guest Name:	Registration ID #
Arrival Date:	
Departure Date:	
Comments:	

### Credit Card & Contact Information

Credit Card Number:	Exp.
Cardholder Name:	
Cardholder Billing Address:	
Cardholder Signature:	
Tel #	
Fax #	

RETURN COMPLETED FORM TO:  
International Conference Services Ltd., 2101 – 1177 West Hastings St.,  
Vancouver, BC, Canada, V6E 2K3  
FAX: +1 604 681 1049 • TEL: +1 604 681 2153  
E-mail: [ispp09-registration@meet-ics.com](mailto:ispp09-registration@meet-ics.com)