

# Capital Health's Cancer Conference 2020

## EXPANDING OPTIONS IN CANCER CARE, PROMOTING QUALITY OF LIFE

MARCH 27–28, 2020 | HARD ROCK HOTEL & CASINO in Atlantic City, NJ

### HOTEL RESERVATION FORM

Hotel Reservations at the group rate can be confirmed by completing this form and emailing to Unique Meetings at [uniquemtgs@aol.com](mailto:uniquemtgs@aol.com).

A limited block of guest rooms at a special group rate have been reserved for attendees of this conference at the Hard Rock Hotel & Casino for the night of Friday, March 27, 2020. A credit card is required to hold your reservation. **Please don't delay making reservations as this rate is subject to change and availability is limited.**

**Hard Rock Hotel & Casino Room Rate\*** *(Hotel Room Rates are guaranteed until February 28, 2020, based on availability.)*

#### Room Type

Friday, March 27

**North or South Tower  
Guest Room**  
*(King or 2 Queen beds)*

**\$199 Single/Double**

Additional persons will be charged at a rate of \$20 per person, per night with a maximum of four persons per guestroom

**RESERVATION DETAILS:** A credit card is required to hold your reservation. Please note that hotel deposit will be retained if cancellation is made less than 72 hours prior to arrival date. Check-in time is 4 pm. Check-out time is 11 am.

\*Rate is subject to a daily resort fee of \$15 plus room tax, currently 13.625%, plus an Atlantic City Promotional Tourism Fee of \$2 and applicable tax of \$.27, plus a NJ State Occupancy fee of \$3.

Name: \_\_\_\_\_

Sharing with: \_\_\_\_\_  
*(if another conference registrant)*

Billing Address: \_\_\_\_\_  
*(for credit card below)*

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_  
*(Reservation confirmation will be sent to this address)*

Arrival Date: \_\_\_\_\_ Departure Date: \_\_\_\_\_ # of Children: \_\_\_\_\_

Total # of People in Room: \_\_\_\_\_ Room Type: King Two Queens Smoking Non-Smoking

Credit Card Guarantee: Visa Mastercard Other

Credit Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_

#### SUBMISSION OPTIONS:

- ... EMAIL: [uniquemtgs@aol.com](mailto:uniquemtgs@aol.com)
- ... MAIL: Unique Meetings  
4404 Saddle River Drive  
Bowie, MD 20720

Please contact Unique Meetings at 240.463.1939 for any cancellations or changes regarding your reservations.



**capitalhealth**