

Capital Health's Cancer Conference 2020

EXPANDING OPTIONS IN CANCER CARE, PROMOTING QUALITY OF LIFE

MARCH 27-28, 2020 | HARD ROCK HOTEL & CASINO ATLANTIC CITY

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.

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 Atlantic City for the night of Friday, March 27, 2020. **A credit card is required for the first night's deposit plus tax (\$169.30), to be charged at the time of reservation. Please don't delay making reservations as this rate is subject to change and availability is limited.**

Hard Rock Hotel & Casino Atlantic City 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)

\$149* 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 for the first night's deposit plus tax (\$169.30), to be charged at the time of reservation. Cancellation: The hotel will retain (1) night guestroom rate plus tax for cancellation within 72 hours of the scheduled arrival date. Check-in time is 4 pm. Check-out time is 11am."

**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 – Deposit of \$169.30 will be charged: Visa Mastercard Other _____

Credit Card #: _____ Expiration Date: _____ CW: _____

Cardholder's Name: _____

SUBMISSION OPTIONS:

- ... EMAIL: 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.



capitahealth