

AMHE 44th Annual Convention & Ophthalmology Symposium

July 23 - 30, 2017

Royal Decameron Indigo Beach Resort & Spa - Côtes des Arcadins (Montrouis)

AMHE CONTACT:

Phone: (718) 245-1015

Fax: (888) 685-2415

Please fax completed form. Call Ms. Myriame Delva if you have any questions.

A)-Please tell us who you are and how we can reach you.

LAST NAME				Title	
FIRST NAME			MIDDLE INIT.		
STREET ADDRESS				Apt. No	
CITY		STATE		ZIP	
PHONE:		Mobile			Office or Home Pls Circle
Email Addresses:	email-1:			email-2:	

B)- Please tell us how many people will be in your group. Please circle below.

Total number(No.)	1	2	3	4	Maximum allowed in a room is 4 (2 adults and 2 children).
# of Adults	1	2			
# of Children	1	2			

C)- Select your Package by checking the appropriate box below. Children less than 3 yrs are free and those 12 yrs and older pay adults rate

Booking is for the 7-night Package:

Double Occupancy: \$1199.00 per Adult and \$499.00 per Child (ages 3-11) &
Single Occupancy is \$1599.00 per Adult

Booking is for the 3-night Package (Ophthalmology Participants only):

Double Occupancy: \$649.00 per Adult and \$199.00 per Child (ages 3-11) & Single
Occupancy is \$849.00 per Adult

D)- Please Provide us your information to complete your hotel Booking by selecting the accommodation that meets your need and fill in accordingly

Single Room Accommodation: Means 1 Adult in the room.

	Amount		No Adult		Total	
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	\$ 1,599.00	X				
Double Room Accommodation: Means 2 Adults in a room (1 or 2 children as well).						
	Amount		# Adult		Total	
Total amount:	\$ 1,199.00	X				
			#Children			
	\$ 499.00	X				
E)- Please provide the names, travel date and flight information for each person in your group including yourself.						
Person No 1						
LAST NAME				Title		
FIRST NAME			Middle Initial			
Passport No.			OR	Driver's License or Alt ID		
Arrival Date			Flight Number			Time:
Departure Date			Flight Number			Time:
Person No 2						
LAST NAME				Title	If child, Age:	
FIRST NAME			Middle Initial			
Passport No.			OR	Driver's License or Alt ID		
Arrival Date			Flight Number			Time:
Departure Date			Flight Number			Time:
Person No 3						
LAST NAME				Title	If child, Age:	
FIRST NAME			Middle Initial			
Passport No.			OR	Driver's License or Alt ID		
Arrival Date			Flight Number			Time:
Departure Date			Flight Number			Time:
Person No 4						
LAST NAME				Title	If child, Age:	
FIRST NAME			Middle Initial			
Passport No.			OR	Driver's License or Alt ID		
Arrival Date			Flight Number			Time:
Departure Date			Flight Number			Time:
Please provide any additional comments and instruction.						

