SESHA Hotel Reservation Form

Wyndham Palm Springs Hotel
888 Tahquitz Canyon Way
Palm Springs, CA 92262

Phone: 760-322-6000 or 1-800-Wyndham; FAX: 760-416-2900

$163.00 single/double

Reservation Deadline: MARCH 1, 2002

- Reservations received after March 1, 2002 will be on a space and rate available basis. Rates are good for 3 days before and after the convention dates upon availability.
- Check In Time: 3:00 PM – Check Out Time: Noon
- Room rates are subject to the current 12.55% room tax and $.89 utility tax.
- Family plan is at no additional charge for children 18 years and younger, using existing bedding.
- Reservation must be received and guaranteed by March 1, 2002 with one of the following:
  - An enclosed check or money order covering the first night's stay to include 12.55% room tax and $.89 utility tax.
    Amount of Check/Money Order $___________
  or
  - Major credit card with an expiration date and an authorized signature.
- Deposits will be refunded only if cancellation notification is received at least 48 hours (2 days) prior to arrival.

Name: _____________________________________________________________________________
Address: __________________________________________________________________________
City: _________________________ State/Country: ______ ZIP/Postal Code: ________________
Phone:_______________________________ FAX: ________________________________________
Sharing Room With:_________________________________________________________________
Arrival Date: __________ Time: ____________ Depart. Date: ____________ Time: ____________
  - King Bed Smoking
  - 2 Double Beds Smoking
  - King Bed Non-Smoking
  - 2 Double Beds Non-Smoking

Accommodations for the Disabled: The Wyndham Palm Springs, in compliance with the American Disabilities Act, has equipment and services available. Please inform them of your needs prior to arrival.

Credit Card:  □ American Express    □ MasterCard    □ VISA    □ Carte Blanche    □ Diners Club
  □ Discover

Cardholder’s Name: ____________________________________________ Exp. Date: __________
Credit Card # _______________________________________________________
Cardholder’s Signature ______________________________________________

Please mail or FAX your reservation to the address/FAX number above