



THE RITZ-CARLTON
NAPLES

WEST COAST DISTRICT DENTAL ASSOCIATION SUMMER MEETING JULY 22 - 26, 2009 (CE ON JULY 24-26)

Reservations will be accepted through the Ritz-Carlton, Naples via phone, fax or mail for MEMBER DENTISTS ONLY. Each member is entitled to 2 rooms. Room requests for staff, non-member dentists, and guests will be accepted beginning January 1, 2009. There are a limited number of rooms at the group rate. **All club room reservation requests must be made through the West Coast office wc.dental@gte.net or call (813) 931-3018, the same policies and restrictions apply.** Continuing education and activities registration will be mailed in the January 2009 newsletter. You must register for the meeting in order to receive the WCDDA room rate.

THERE ARE A LIMITED NUMBER OF CONNECTING ROOMS AND ROOMS WITH TWO BEDS. TO FULFILL YOUR ROOM REQUEST AND FOR YOUR FAMILY'S COMFORT, YOU MAY WANT TO CONSIDER RESERVING TWO ROOMS.

Print Legibly. Please reserve accommodations for:

Name _____ Company _____
(Last) (First)

Address _____

City _____ State _____ Zip _____

Phone # _____ Fax # _____ E-mail _____

Arrival Date _____ at _____ (am/pm) No. of adults _____
(Check-in time is after 4pm)

Departure Date _____ at _____ (am/pm) No. of children _____
(Check-out time is before 12 noon)

Arrival Date _____ at _____ (am/pm) No. of adults _____
(Check-in time is after 4pm)

Departure Date _____ at _____ (am/pm) No. of children _____
(Check-out time is before 12 noon)

*The maximum number of people per guest room is four (4). A maximum of two (2) children under the age of eighteen (18) per room are complimentary. There will be an additional charge of \$25.00 for each additional person, age 18 and older. Rollaway beds are no longer available, all king rooms have a twin size pull-out chair in lieu of a rollaway bed. Double bed rooms cannot accommodate an additional bed. **IN ORDER TO RECEIVE CONFIRMATION FROM HOTEL - A FAX NUMBER OR EMAIL MUST BE GIVEN.***

ADVANCE DEPOSIT IS REQUIRED TO CONFIRM RESERVATIONS

Cancellation policy: Deposit will be refunded if cancellation of reservation(s) is received by the Ritz-Carlton before or on July 10, 2009.

METHOD OF PAYMENT: Credit Card Check Enclosed (payable to Ritz-Carlton)

Credit Card Type (all major credit cards accepted) _____

Credit Card Number _____ Expiration Date _____

Signature _____ Date _____

Run of House Room - \$183.00 total first & last nights deposit plus *10% tax = \$402.60 x (no. of rooms) = TOTAL \$ _____

Smoking Non-Smoking King Bed 2 Double Beds

Special Request (cribs, portable refrigerator, etc.) _____

IF YOU REQUIRE CONNECTING ROOMS, PLEASE PROVIDE A TELEPHONE NUMBER SO THE RITZ MAY CONTACT YOU REGARDING AVAILABILITY (_____) _____.

**Taxes subject to change.*

**Fax reservation form to the Ritz-Carlton, Naples (239) 598-6631 or mail to:
The Ritz-Carlton Resort of Naples
280 Vanderbilt Beach Road - Naples, FL 34108 - (239) 598-3300**