



RESERVATION FORM WYNDHAM RÍO MAR BEACH RESORT
PROFESSIONAL INSURANCE AGENTS OF PR & THE CARIBBEAN
SEPTEMBER 19-21, 2008

Name: _____

Company: _____

Address: _____

Business Phone: _____

Fax Number: _____

Arrival Date: _____ (3:00 PM check-in)

Departure Date: _____ (12:00 PM check-out)

Reservations will be held with a one night deposit with the following Credit Cards or by enclosing a check or money order:

Visa _____ Master Card _____

American Express _____ Discover _____

Diners Club _____ JCB _____

Check/Money Order Enclosed

Number: _____

Expiration Date: _____

Name on Card: _____

Card Holder Signature: _____

I understand that I am liable for one night's room charge which will be deducted from my deposit or billed through my credit card, in the event that I do not arrive on the date indicated or cancel my reservation within 7 days of arrival.

Reservations must be received by September 1st, 2008. Reservations received after this date will be subject to availability.

GUEST ROOM RATE

Rate quoted of \$155.00 per night + Taxes and resort fee.

of Adults _____ # of Children _____

Special Requests: _____

Room rates are for single or double occupancy

and are subject to an 11% resort tax and 11% Resort Service Fee per room per night. Extra person charge is \$40.00 each with a maximum of 4 people per room. Children under 18 at no additional charge. Subject to availability, the resort will honor the group rates 2 days prior to and 2 days after the official meeting dates.

Resort Service Fee includes the following:

- * Local Calls (Luquillo/Río Grande)
- * Long Distance Phone Access (toll-free, credit card calls and collect calls)
- * Health Club Admission
- * Internal Resort Transportation
- * Coffee and tea service in each guest room
- * Beach Towels

Porterage will be charged at \$7.00 per person on time charge. Chambermaid will be charged at \$2.50 per room per night.

Please fax this Hotel Reservation Form to: (787) 888-6320

Tel. (787) 888-6000