



## HOTEL RESERVATION FORM

**RITZ-CARLTON MAUI**  
**One Ritz-Carlton Way**  
**Kapalua, Maui, Hawai'i 96761**

The **OFFICIAL VENUE/HOTEL** for our Congress is the **RITZ-CARLTON MAUI in KAPALUA**. All hotel reservations at the Ritz-Carlton Maui for our 65<sup>th</sup> Annual World Congress **MUST** be complete by using the form below and submitting the required information along with your reservation form to the International College of Angiology. The International College of Angiology will provide a rooming list to the hotel.

All reservations **MUST** be completed **prior to 8 AUGUST 2024** and secured with a credit card authorization equal to a 2-night's stay as a deposit along with a clear copy (front and back) of the credit card. Any reservation received without the completed credit card authorization and clear copy (front and back) of the credit card **WILL NOT BE ACCEPTED**. Any reservation received after 8 August 2024, **WILL BE UPON AVAILABILITY AND AT THE THEN PREVAILING RATE**.

The ICA has negotiated a special conference room rate for a Deluxe Resort Room from Sunday, September 22, 2024 through Saturday, September 28, 2024. This special group rate is USD \$529/night for a DELUXE RESORT ROOM and is subject to applicable state and local taxes (currently 17.42%) in effect at the time of check-out. There is an additional reduced resort fee imposed by the hotel of USD \$30/night (reduced from USD \$40/night). This resort fee covers the following amenities:

- Signature daily experiences including guided labyrinth meditation walk, sunrise yoga and hula lessons.
- Enhanced High Speed Internet Service
- Kapalua Resort Shuttle Services (travel within Kapalua Resort).
- Complimentary Photo Session
- Aloha welcome experience with exclusive fresh flower or kukyi nui lei.
- Discounted Golf Fees & Preferred Tee Times.
- Cultural History Tour.
- Resort Activities (Basketball, Tennis, Shuffleboard, Croquet).

### DELUXE RESORT GUEST ROOMS

1 King Resort view, Lanai, overlooks tropical landscape and features, mini fridge, complimentary wireless internet, wired internet for a fee, Coffee/tea maker, air conditioning, all rooms are non-smoking, connecting rooms are available for some rooms, in-room safe, iron and ironing board, maximum occupancy - 3 persons, marble bathroom, separate bathtub and shower, double vanities, lighted makeup mirror, hair dryer, 2 robes, slippers, room service, and complimentary bottled water.

### METHOD OF RESERVATIONS

ALL reservations **MUST** be made via the ICA (see hotel reservation form below). The ICA will provide a Rooming List to the Ritz Carlton Maui. A credit card **MUST** be provided in order to guarantee your reservation. **ALL RESERVATIONS MUST BE RECEIVED PRIOR TO 8 AUGUST 2024, the official "cut-off" date for our group rate. Any reservation received after 8 AUGUST 2024 will be accepted at the prevailing room rate and availability.** A 2-night room and tax deposit will be charged by the Ritz Carlton Maui at the time of booking.

**ROOM CANCELLATIONS:** Individual room cancellation **MUST** be received 21 days prior to arrival in order to avoid penalty of all nights reserved.

**SERVICE CHARGES:** The following are the current service charges and are subject to change. All the below stated mandatory service charges will be posted to the individual guestrooms.

Baggage Handling (Porterage):	USD \$11.00 plus tax, per person, based on two movements, mandatory
Golf Bag Handling:	USD \$1.00 per bag, per movement, plus tax, mandatory
Resort Fee:	USD \$30.00 plus tax, per room, per day, mandatory
Overnight Valet:	USD \$45.00 plus tax, per night

Baggage Handling (Porterage) charges are mandatory for all groups at USD \$11.00 per person, plus Hawaii State tax. Charges are based on two bags per person, and two movements of bags, in and out of the Hotel. Additional pieces will be charged at USD \$2.75 plus tax per movement. Golf bags are charged at an additional USD \$1.00 plus tax per bag, per movement. These charges will be posted to the individual guest rooms. Please note, porterage fees are subject to change.

PLEASE COMPLETE AND RETURN THIS FORM TO THE ICA'S EXECUTIVE OFFICE via E-MAIL ([denisemrossignol@cs.com](mailto:denisemrossignol@cs.com)) or FAX +802.988.4066 IN ORDER TO CONFIRM YOUR RESERVATION.

Registrant	(Please Print) MD/MBBS/RN, RVT, PA (Family Name) (First Name) (MI)
Accompanying Person(s)	Dr./Prof./Mr./Mrs./Ms. (Family Name) (First Name) (MI)
	(Family Name) (First Name) (MI)
	(Family Name) (First Name) (MI)
Registrant Mailing Address	Billing Address
<i>Please check one</i>	Street _____
<input type="checkbox"/> Institution	City _____ State _____ Country _____ Zip/Postal Code _____
<input type="checkbox"/> Private Clinic	Home Tel. No. ( ) _____ Mobile No.. ( ) _____
<input type="checkbox"/> Home	Work Tel. No. ( ) _____ Fax No. ( ) _____
	E-MAIL: _____





**FLIGHT INFORMATION (If Applicable)**

ARRIVAL DATE	ARRIVAL AIRLINE	ARRIVING FROM	ESTIMATED ARRIVAL TIME
DEPARTURE DATE	DEPARTING AIRLINE	DEPARTING TO	ESTIMATED DEPARTURE TIME

All guest rooms are Non-Smoking. Every effort will be made to accommodate your room request on a first come, first served basis.

<b>ROOM TYPE</b>	<input type="checkbox"/> <b>DELUXE RESORT (King Bed)</b>	<input type="checkbox"/> <b>SUITE</b> (A quote for room rate will be obtained upon request)
<b>ARRIVAL DATE:</b>		<b>ARRIVAL TIME:</b>
<b>DEPARTURE DATE:</b>		<b>DEPARTURE TIME:</b>
<b>NAME(S) OF PERSONS SHARING ACCOMODATIONS:</b>		
<b>SPECIAL REQUEST:</b>		

**RESERVATION PAYMENT INFORMATION**

Credit Card Type:	<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 
Credit Card Number:	_____			
Expiration Date: _____/_____/_____	CCV/Security Code: _____	Billing Zip/Postal Code: _____		
	MM/YYYY	(Required)	(Required)	
Name As It Appears on Card: _____				
I understand that I am liable for the entire booking of my reservation (room and tax) which will be billed to my credit card in the event that I do not arrive or cancel my reservations 3-weeks prior to my scheduled arrival date.				
Authorized Signature: _____				