

Congress of the Americas Attendees

Consider staying at the luxury 4 star...

The Chesterfield Palm Beach



A small boutique hotel on the island of Palm Beach which features accommodations such as 24 hour room service, deluxe toiletries, evening turndown service, complimentary valet parking, proximity to shopping at Worth Avenue, award winning restaurant, bar, lounge & pool.

Special FIABCI Group Rates

\$160 – Queen Bedded Room

\$195 – King Bedded Room

\$250 – King Junior Suites

\$395 – One Bedroom Suites

Visit www.chesterfieldpb.com for more information

To make a reservation:

Call +1-561-659-5800 and mention FIABCI

Or fax in the attached form



363 Cocoanut Row • Palm Beach, Florida 33480 • TEL: 561-659-5800 • FAX: 561-659-5668

E-MAIL FORM TO: chestersales@bellsouth.net

When returning this form, you *must* include a legible copy of the front and back of your credit card, and a copy of a Passport or Driver's License.

CREDIT CARD AUTHORIZATION FORM

Cardholder's Name: _____

Address: _____

City: _____

State/Province: _____

Zip/Postal Code: _____

Country: _____

Telephone #: _____

Fax #: _____

Email : _____

Date: ___ / ___ / ___

Credit Card Type(circle one): VI MC AX MC Expiration Date: ___ / ___

Credit Card #: _____

GUEST INFORMATION

Name of Guest(s) you are paying for: _____

Arrival: _____ Departure: _____

Indicate Charges you agree to be responsible for:

All Charges

Room and Tax Only

Incidentals Only

Restaurant and Lounge Charges

Other: _____

PLEASE NOTE: Your FIABCI-USA reservation will be confirmed upon our receipt of this form. Your credit card will be charged for the full length of your reservation on November 27, 2006. No changes to your reservation will be accepted after November 27, 2006. All charges to your original reservation will prevail.

*I hereby authorize **The Chesterfield Hotel of Palm Beach** to charge my credit card for any and all charges indicated above incurred by the guest(s) named above. I also agree that a facsimile of my signature shall serve the same purpose as my original signature.*

Authorizing Signature: _____ Date: _____

Any cancellations made AFTER November 27, 2006 will be charged in full for the contracted room nights.