

## **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](http://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 Coconut Row • Palm Beach, Florida 33480 • TEL: 561-659-5800 • FAX: 561-659-5668

E-MAIL FORM TO: [chestersales@bellsouth.net](mailto: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.

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*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.**