



INDIVIDUAL RESERVATION FORM

Arrival Date: _____ Departure Date: _____

Number of People: _____

Room Type: _____ @ Rate of _____

Name of Guest(s): _____

Mailing Address: _____

Telephone: _____ Email: _____

Group / Event: **MONTAGNA SYMPOSIUM ON THE BIOLOGY OF SKIN**

Special Room Requests (i.e. Handicap, Pet): _____

Credit Card Payment Option (Circle One): VISA / MC / AMEX / DISCOVER / DINERS

Credit Card #: _____ Expiration: _____

Cardholder Name: _____

Cardholder Signature: _____

Please return to: Salishan Spa & Golf Resort
Reservations
Attention: **Samantha Drake**
Fax: **1-541-764-3510**