



**COUNCIL OF GREAT LAKES GOVERNORS
ARGENTINA, BRAZIL & CHILE TRADE MISSION 2008
PARTICIPANT TRAVEL INFORMATION**



If there is more than one person from your company participating in this trip, please fill out a separate sheet for each traveler.

Participant's Name: _____ Title (e.g. Mr. or Ms.): _____

Passport Number: _____

Flight Information: Please fax or email itinerary to Zoë Munro at (312) 407-0038 or zmunro@cglg.org as soon as reservations have been made.

Credit Card (for hotel reservations): Amex M/C Visa D/C

No.: _____ Exp. Date: _____

Name as it appears on the credit card: _____

Address: _____

City, State and Zip: _____

Phone number: _____

Hotel Accommodations: Participants will not share hotel rooms unless specifically requested.

PLAZA EL BOSQUE PARK & SUITES
Santiago, Chile

Room Rate: \$140 (This price is inclusive of VAT. Foreign guests, who pay their account in dollars or by credit card and submit their documents for entry into the country at the check out, shall be exempt from this tax.) Breakfast buffet included.

Please check desired arrival date: April 19, 2008 April 20, 2008*

Departure Date: April 23, 2008

Check in: 2:00 p.m.

Check Out: 12:00 p.m.

*Participants should consider booking a room for Saturday, April 19, as flights from the U.S. will arrive between 6 and 8 a.m. on Sunday, April 20. Early check-in is not guaranteed.

MARRIOTT PLAZA

Buenos Aires, Argentina

Room Rate: Room Rate: \$176 (excludes 21% tax)

Arrival Date: April 23, 2008

Please check desired departure date: April 25, 2008 April 27, 2008*

*The group plans to stay in Buenos Aires over the weekend of April 25th.

Check in: 3:00 p.m.

Check Out: 12:00 p.m.

INTERCONTINENTAL

São Paulo, Brazil

Please fill out the Intercontinental reservation form attached at the bottom of this document.

Arrival Date: April 27, 2008

Departure Date: April 29, 2008

Check in: 3:00 p.m.

Check Out: 12:00 p.m.

Interpreters Needed:

Portuguese Yes No

Spanish Yes No

Do you have: any special dietary restrictions Yes No

any mobility restrictions Yes No

If yes, please explain:

Golf Shirt Size (please circle): Men's XXL XL L M
Women's XL L M S

Please carry all prescription medications on the plane with you. Be aware that your health insurance may not provide coverage while traveling internationally. International health insurance is available.

List a contact person(s) in case of emergency. Include name, address, day and evening phone numbers.



Please return this form and credit card scan to zmunro@cglg.org or by fax to 312-407-0177 by February 15th

São Paulo, January 14, 2008

Dear Mr.,

We are pleased to confirm special rates and conditions for the Trade Mission in Sao Paulo in April, 2008.

Please fulfill this reservation request form, with your data. All the information required is important to us in order to guarantee you a pleasant stay at *InterContinental São Paulo*.

RESERVATION REQUEST FORM

Last Name: _____ First Name: _____

Address: _____

Email: _____

Phone/Fax: _____

Period of your stay: from ___ / ___ / ___ **to** ___ / ___ / ___

Number of nights: _____

Check-in time: _____ **Check-out time:** _____

Special Rates – TVZ Group

April 27th to 29th, 2008

Executive Suite Room SGL – U\$ 395 + 5% VAT + U\$ 3 tourism tax per night.

Spacious and comfortable living room and bedroom with king size bed. Shower and Jacuzzi separated.

Junior Suite Room SGL – U\$ 295 + 5% VAT + U\$ 3 tourism tax per night.

Comfortable living room and bedroom with king size bed. Shower and Jacuzzi separated.

Deluxe Room SGL – U\$ 184 + 5% VAT + U\$ 3 tourism tax per night.

King size bed or twin beds. Shower and Jacuzzi separated.

Superior Room SGL – U\$ 167 + 5% VAT + U\$ 3 tourism tax per night.

King size bed, shower and bathtub together.

- High speed internet access in all rooms – U\$ 20 per 24 hours
- Breakfast included in all rates, served at Tarsila Restaurant from 6h00 to 10h00 and on weekends from 7h00 to 10h30.

Single

Double (addition of U\$ 30 per room)

Twin Beds (only Deluxe Rooms)

Please inform name of the second person:

Smoking Non Smoking



Our check-in time is at 3pm and the check-out is at 12pm (noon)

- Early check in (50% of the daily rate) – arrivals from 8am to 3pm
- Pre Register (100% of the daily rate) – arrivals before 8am
- Late Check out (50% of the daily rate) – departure from noon to 7pm
- Late check out after 7pm – 100% of the rate will be charged

Credit card data (please send copy front and back by fax or e mail)

Guarantee:

- Only daily rate**
- daily rate + taxes**
- daily rate + taxes + extras**

Visa Mastercard Diners Amex Other

Number: _____ Exp: ____ / ____

Security number: _____

Name: _____

Are you a Priority Club member?

YES NO **If yes, number** _____

Important Information:

- **Please, be knowed that the amount for the all period will be charged at April 7th, 2008**
- Depending on our availability, same rate can be applied 2 days before and 2 days after the first period requested;
- The credit card number given will guarantee the room reservation for all period. Cancelation after April 7th, will not reimbursed;
- The confirmation letter will be sent to your email or fax.

I understand and agree with all the policies I have signed in this document.

Agreed,
