



**FOUR SEASONS HOTEL**  
*San Francisco*

**Guest Name:** Dr./Mr./Mrs./Ms. \_\_\_\_\_  
Please circle

**# of Adults:** \_\_\_\_ **# of Children:** \_\_\_\_ **Children's Names & Ages:** \_\_\_\_\_

**Organization/Company Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City, State, Zip, Country:** \_\_\_\_\_

**Telephone:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ **Fax:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Arrival Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **Departure Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **Estimated Time of Arrival:** \_\_\_\_ : \_\_\_\_ AM/PM

**Please Indicate Special Requests below - Room rate \$215 (including internet access)**

- |                                       |                               |                                       |
|---------------------------------------|-------------------------------|---------------------------------------|
| <input type="checkbox"/> King         | or                            | <input type="checkbox"/> Twin/Twin    |
| <input type="checkbox"/> Smoking      | or                            | <input type="checkbox"/> Non-smoking  |
| <input type="checkbox"/> Rollaway Bed | <input type="checkbox"/> Crib | <input type="checkbox"/> Foam Pillows |
| <input type="checkbox"/> Other: _____ |                               |                                       |

*\*The maximum number of occupants per guest room is 3 persons. Only one rollaway or crib can be accommodated in a King room, and no additional bedding is possible in a Twin/Twin room*

*\*\*Please note that health club and spa facilities are available for use by all hotel guests aged 16 and older*

**Request confirmation to be provided by:**  Telephone  Facsimile  E-mail

*\* Reservations must be received prior to **Friday May 21, 2010***

*\*\*Special group rates listed above are subject to availability, at time of booking*

Check-in time is 3:00 PM and check out time is 12 noon. Reservations must be guaranteed by a major credit card. Cancellation policy: to avoid one night's room and tax penalty, reservations must be changed or cancelled by 6:00pm on the scheduled date of arrival. Please present credit card at time of check-in. (Please note: room rate is subject to a 14% occupancy tax and does not include daily breakfast.)

**Card Number:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_

**Cardholder's Name:** \_\_\_\_\_

**Cardholder's Signature:** \_\_\_\_\_

**PLEASE FAX COMPLETED FORM TO FOUR SEASONS HOTEL SAN FRANCISCO**  
**ATTENTION: RESERVATIONS DEPARTMENT 415-633-3516**

757 MARKET STREET, SAN FRANCISCO, CALIFORNIA, 94103, U.S.A.  
TEL: (415) 633-3000 FAX: (415) 633-3001 WORLD WIDE WEB: [www.fourseasons.com](http://www.fourseasons.com)  
SIXTY HOTELS. TWENTY-NINE COUNTRIES. ONE PHILOSOPHY.