

## CyberTherapy 2003

## HOTEL Registration Form

January 19 – 20, 2003

San Diego, California, The Inn at Rancho Santa Fe, CA 92067 - <http://www.e-therapy.info/hotel.html>

*Please complete and return this form with ONE DAY payment to:*

**Interactive Media Institute**

**6160 Cornerstone Court East, Suite 161, San Diego, CA 92121 U.S.A.**

Phone: +1-866-822-VRMC • +1 (858) 642-0267 • Fax: +1 (858) 642-0285 • [cyberpsych@vrphobia.com](mailto:cyberpsych@vrphobia.com) • [www.vrphobia.com/imi.html](http://www.vrphobia.com/imi.html)

*Please circle applicable fee:*

**Daily Hotel Rate (inc. Parking)**  
(Special Rate for participants)

**IN**

**OUT**

**Single Room**

**\$165 + 9% Room Tax**

\_\_\_\_\_

\_\_\_\_\_

**Double Room**

**\$165 + 9% Room Tax**

\_\_\_\_\_

\_\_\_\_\_

*Please note: IMI will make every reasonable effort to accommodate requests received through January 10, 2003.*

*Please print legibly:*

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Last Name \_\_\_\_\_ Degrees \_\_\_\_\_

Affiliation/Institution \_\_\_\_\_

Specialty or Department \_\_\_\_\_

Address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

Country \_\_\_\_\_ Email \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Fax \_\_\_\_\_

\_\_\_\_\_ Check Enclosed \_\_\_\_\_ Visa \_\_\_\_\_ MasterCard

Card No. \_\_\_\_\_ Name on Card \_\_\_\_\_

Signature \_\_\_\_\_ Exp. Date \_\_\_\_\_

Make check payable to **Interactive Media Institute**. U.S. funds drawn on a U.S. bank.

Booking can be cancelled per written request by December 19, 2002. No refunds thereafter.

Registrations will be refunded, less a \$100 administrative fee, per written request by December 20, 2002. No refunds thereafter.

Registrations are transferable at no additional cost.