

Le MERIDIEN PICCADILLY

21 Piccadilly, London, W1J 0BH
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COMPANY NAME: Stryker
Group Code: Tessier ACMF
MEETING DATE: 19th – 22nd May 2006

Requests Must Be Received By: 21st April 2006
Reservations after this date will be subject to availability

Name: _____

Arrival Date: ____/____/____

Departure Date: ____/____/____

Company/Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: () _____ Fax Number: () _____

Additional Person In Room: Yes ___ No. ___

Name of Additional Person: _____
(Please, one form per room)

CHECK IN TIME: 2:00 PM CHECK OUT TIME: 12 NOON

Accommodations may not be available if arrival time is prior to 2:00 pm. For revisions or cancellations please call: 0044 207 851 3100

RATES FOR CLASSIC SINGLE OCCUPANCY

200.00 GBP per room, per night and inc of breakfast& VAT at 17.5%

Upgrade/Suite Accommodations:

Please phone hotel directly

- _____ REQUEST NON-SMOKING ROOM
- _____ REQUEST ACCESSIBLE ROOM
- _____ REQUEST FAX CONFIRMATION TO BE SENT
- _____ REQUEST WRITTEN CONFIRMATION SENT TO ABOVE ADDRESS

Reservation forms received beyond the cutoff date listed above are subject to space and rate availability. If the room type requested is not available, the next available room type will be assigned. The cancellation policy is 28 days prior to arrival.

Please guarantee my reservation with (check one):

- _____ First night's check deposit
- _____ Credit card (American Express, Diner's Club, En Route, JCB, Visa, Mastercard or Discover)

Credit Card Number _____

Name on Card _____

Expiration Date _____

Checks should be sent to (along with a copy of this form):

le Meridien Piccadilly
21 Picadilly
London, W1J 0BH
United Kingdom

Signature