



Spa Treatment Request Form

Florida Society of Ophthalmology - Masters in Ophthalmology Meeting

June 24 – June 27, 2010

Due to Spa popularity, prompt response is highly recommended.

**To take advantage of a 15% discount off any Spa service please
complete this form and email to Kelsey Alholm at
kelsey.alholm@ritzcarlton.com.**

*View a list of Spa services at:
[THE RITZ-CARLTON SPA AT GRANDE LAKES ORLANDO FLORIDA RESORT AND LUXURY HOTEL.](http://www.ritzcarlton.com/Spa/SpaServices.aspx)*

Guest Name		I am: <input type="checkbox"/> Male <input type="checkbox"/> Female
Guest Phone		
Email Address (needed for confirmation)		

Credit Card Number	Expiration:
Signature of Credit Card Holder	

Preference	Requested Service	Requested Date	Requested Time
1 st Choice			
2 nd Choice			
3 rd Choice			

Technician Preference:	<input type="checkbox"/> No Preference <input type="checkbox"/> Male <input type="checkbox"/> Female
Medical Conditions/Allergies:	

Please plan to arrive 30 minutes prior to your appointment to allow for a leisurely check-in and to make full use of our outdoor pool, sauna, steam room and whirlpools.
Cancellation: 24 hour advance notice required to avoid full charge.
All services are exclusive of a 22% gratuity.

Spa Group Sales

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