



THE RITZ-CARLTON SPASM
ORLANDO
GRANDE LAKES

SPA TREATMENT REQUEST FORM
INTERNATIONAL LACTATION CONSULTANT ASSOCIATION

AS THE SPA SELLS OUT ON A REGULAR BASIS, PROMPT RESPONSE IS HIGHLY RECOMMENDED.

To receive a 15% discount off all your services, please complete this form and fax to the Spa Group Sales Office at 407-393-4797.
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 and whirlpools.
Cancellation: 24 hour advance notice required to avoid full charge.
All services are exclusive of a 22% gratuity.

Guest Full Name	I am : <input type="checkbox"/> Male <input type="checkbox"/> Female
Guest Phone	
Email Address/Fax #	

Credit Card	Expiration:
Signature of Credit Card Holder	

Preference	Requested Service	Requested Date	Requested Time of Day
1 st choice			
2 nd choice			
3 rd choice			

Please indicate your technician preference, if any:	<input type="checkbox"/> No Preference <input type="checkbox"/> Male <input type="checkbox"/> Female
Medical Conditions/Allergies:	

Spa Group Sales
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