

## PLEASE BOOK EARLY, SINCE ROOMS ARE VERY LIMITED AND RETURN FAX TO +43 1 867 49 44-9

EuroCongress&Events, Mariahilfer Strasse 133/2/6, 1150 Vienna, Austria Phone: +43 1 867 49 44, e-mail: e2004@eurocongress.org

## HOTEL ACCOMMODATION

PERSONAL DATA				
Please complete in clea				
Ms. Mr.	IICIE	Title		
First name		Last nam	e	
Street				
Postal code	City		Country	
Fax for booking confirm	nation (with prefix no.)			
E-mail		Phone		
ARRIVAL AND DEPARTU	RE			
arrival date: October	, 2004 (approx. time of arrival	)	departure date: October November	, 200 <mark>4</mark> , 2004
HOTEL CATEGORY			November	, 200 (
(Room rates per room incl			notos deuble noom	
Category 3*- category	rates single room/double room € 79,- to € 118,-	<u>n single use</u>	<u>rates double room</u> € 106,- to € 130	1_
4*- category	€112,- to €166,-		€ 138,- to € 189,-	
Name of accompanying			··,	-,
Overview of hotels offe		I C Ast		
<b>BOOKING GUARANTEE</b> A valid credit card is re	basis upon receipt of the reservation equired to <u>guarantee</u> your hotel reser onditions] Your stay is to be paid direct Mastercard AMEX	2 <sup>™</sup> vation and w	choice: ill only be charged with fees in	
card number			expiry date: /	
cardholder's name (in p	rint)	signature		
<b>BOOKING CONFIRMATIO</b>	N			
	or your reservation and the name of th ns are only valid after written confirma		e sent to you <b>by Fax within 2 w</b>	orking days.
Until August 26, 2004: Until September 10, 20	<ul> <li>ONS (only written cancellations address free cancellation</li> <li>04: 50 % of the total amount of you</li> <li>004: the total amount of your stay with the total amount of your stay</li></ul>	ır stay will be	charged from your credit card	nted]
l accept the above mer	tioned cancellation terms.			
Place and date		signature		
Room for EuroCongres	s&Events hotel confirmation – pleas	e do not writ	te in this box:	
Name of the hotel:				
Address:				

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