## 63<sup>rd</sup> SPC and 93<sup>rd</sup> DGINS CONFERENCE BUDAPEST, 19–21 September 2007

## **HOTEL RESERVATION FORM**

Individual guest



Please make the following hotel reservation completing it in BLOCK CAPITALS and return by fax or e-mail no later than 19 July 2007 **directly** to:

City Hotel Pilvax***	(Breakfast, taxes and service included)				
Reservation Pilvax köz 1-3. H–1052 Budapest Res. Tel: +36 1 318 0595 Res. Fax: +36 1 317 9086 E-mail: reservation@cityhotels.hu	BEDROOM TYPE	PE DOUBLE for 1 person		DOUBLE for 2 persons	
	Standard Room	85 Euro		85 Euro	
	Non-smoking room		Smoking	room	
	Special rates are valid from 18 to 23 September 2007				
Date of arrival: Sept. 20	007 Hour: Da	te of departu	ıre: Se	ept. 2007 Hou	ır:
Family name:		_		_	
Title: Organis	ation:	• • • • • • • • • • • • • • • • • • • •		••••	
Street:					
Zip: City:					
Telephone: +					
E-mail:					
Accompanied by (name):					
Remarks/special request:		••••		••••	
Reservation guaranteed by my	y credit card:				
☐ Master/Eurocard	☐ American Expres	SS	□ Visa	ı	
Cardholder name:					
Card number:	Ex	piry date:			
<ul> <li>Please note:</li> <li>To take advantage of these rates</li> <li>The deadline date for reservation</li> <li>After 19 July 2007 the hotel rese</li> <li>Check in time is 14:00H/Check</li> </ul>	, please use <b>ONLY this rese</b> ns is 19 July 2007. erves the right to confirm the	ervation form			
Cancellations Policy: I guarantee this room reservation w be charged to my credit card, unles before the arrival date.	s the reservation has been ca	ancelled and th	ne cancellation	n confirmed by f	ax 72 hour
Date:	Signature/auth	orization:		• • • • • • • • • • • • • • • • • • • •	