



ROOM RESERVATION FORM "DGINS Conference"

Mercure Budapest Buda

H-1013 Hungary, Budapest, Krisztina körút 41-43. Tel: +36 1 488-8177, Fax: +36 1 488-8178 E-mail: h1688-sb1@accor.com

The deadline of application is **20**th **July 2017** and reservations will be confirmed by the hotel. After 20th July 2017 or earlier if the allotment gets sold out, confirmation of accommodation is subject to availability.

Kates (piease ci	noose one of the	<u>toliowing options belo</u>	<u>w):</u>			
	Standard single room		EUR 95,-	EUR 95,-/ room/night		
	Standard double room		EUR 105,	EUR 105,-/ room/night		
	Supplement for privilage room:		EUR 20,-	EUR 20,-/room/night		
These s	Ad	dditional nights are o	on request and	e VAT (18%) and lo depend on availabilit rence stay (19-22 Se		
Arrival date:		De	eparture date:			
Last name:		Fiı	rst name:			
Phone:		E-I	mail:			
Share with:		Lo	yalty card nr.:			
•			•	_	antee your room reservation nnot accept and confirm the	
Owner of the	credit card:			Billing name:		
Credit card ty	pe:			Billing address:		
Number:						
Expiry date:				Signature:		
The hotel acc	cepts: Visa, Am	ex, Mastercard, JC	B.)			
_		-	_	ree that in the cas	e of late cancellation or no-	

- **Booking / Payment information** 1. On receipt of your reservation form your booking will be reconfirmed.
- 2. In case of no-show or late cancellation the first night of the accommodation cost will be charged as penalty.
 - 3. Cancellation deadline for the reservation is **14 days** prior to arrival.
 - 4. Check-in time: 2 pm, check-out time: until 10 am.

Please e-mail or fax this form to Mercure Budapest Buda (to Ms. Renáta SZÖLLŐSI)

Fax: +36 1 488 8171 or E-mail: h1688-sb1@accor.com