## DANUBIUS HEALTH SPA RESORT & GRAND HOTEL MARGITSZIGET\*\*\*\*

Address: H-1138, Budapest, Margitsziget **Fax: +36 1 889-4989 Tel: +36 1 889-4712** E-mail: erzsebet.schmidt@danubiushotels.com

## HOTEL RESERVATION FORM

ETAPS CONFERENCE 2008 Budapest, March 29 – April 06 2008

FAMILY NAME:			Mr/Ms/Dr	
FIRST NAME:				
COMPANY:				
ADDRESS:				
TELEPHONE:	TELEFAX:			
E-MAIL:				
CREDIT CARD NUMBE	R:			
EXPIRY DATE OF CRE	DIT CARD:			
SINGLE ROOM (*)	€ 100.	-/room/night		
DOUBLE ROOM (*)	€ 110	-/room/night		
(*) These special rates inc swimming pool, parking lot. if otherwise requested.				
PAYMENT: by	remittance	or	by credit card	
DATE OF ARRIVAL:				_
DATE OF DEPARTURE	:			-
PARKING PLACE:	yes	no		
Please send your reserv	ation directly to t	the hotel till l	February 29 2008 at tl	ne latest.

The reservation can be cancelled free of charge 72 hours prior to arrival. In case of non-arrival/ non-cancellation, one night room rate will be charged as a penalty fee.

FOR THE HOTEL: CONFIRMATION	
RATE	<b>BOOKING NO:</b>

danubiushotels.com