HOTEL RESERVATION FORM

HOTEL IBIS BUDAPEST VÁCI ÚT

ETAPS CONFERENCE 2008
Budapest, March 29 – April 06 2008

FAMILY NAME: _____ **Mr/Ms/Dr** _____

FIRST NAME: _____

COMPANY: _____

ADDRESS: _____

TELEPHONE: _____ **TELEFAX:**_____

E-MAIL: _____

CREDIT CARD NUMBER: _____

EXPIRY DATE OF CREDIT CARD: _____

SINGLE ROOM (*)   **€ 48 .-/room/night (until March 3f^t)**
                              € 68 .-/room/night (from April f^t)

DOUBLE ROOM (*)   **€ 57 .-/room/night (until March 3f^t)**
                              € 77 .-/room/night (from April f^t)

(*) These special rates include buffet breakfast and all taxes. Check-in time: from 02.00 p.m., check-out time: 10.00 a.m. Please advise if otherwise requested.

PAYMENT: **by remittance**   **or**   **by credit card**

DATE OF ARRIVAL: _____

DATE OF DEPARTURE: _____

PARKING PLACE: *yes*   *no*

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   **BOOKING NO:**