



HOTEL RESERVATION FORM

NH BUDAPEST

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 (*) **€ 115.-/room/night**

DOUBLE ROOM (*) **€ 131.-/room/night**

(*) These special rates include buffet breakfast, parking lot and all taxes. Check-in time: from 03.00 p.m., check-out time: 10.00 a.m. Please advise if otherwise requested.

PAYMENT: **by credit card (in advance)**

DATE OF ARRIVAL: _____

DATE OF DEPARTURE: _____

PARKING PLACE (extra €16 /day/car): *yes* *no*

Please send your reservation directly to the hotel till February 29 2008 at the latest.
The reservation can **not** be cancelled or altered without an **additional penalty fee** !

**FOR THE HOTEL: CONFIRMATION
RATE**

BOOKING NO: