HOTEL RESERVATION FORM

CITY HOTEL RING

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 (*) € 80.-/room/night

DOUBLE ROOM (*) € 100.-/room/night

(*) 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: _____

Please send your reservation directly to the hotel till February 29 2008 at the 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 **BOOKING NO:**