

MEMBER OF VERKEHRSBÜRO GROUP

## Kärtnerstrasse 18, 1010 Vienna



## HOTEL REGISTRATION FORM For the



Please send this form to the administrative office

Fax: + 43 1 2533033 3073 Tel: +43 676 4984151 e-mail: eurocmr2012@medconvent.at

Guest Name: Address:		Surname:
Fax n°/e-mail:		
Arrival date:		Departure date:
Doubl	e as Single use (Single room): € 185	Classic Double/Twin room: € 185
Breakfast + Taxes inclusive!		
To guarantee the reservation, would you please indicate a credit card number (Amex, Visa, Euro/Mastercard, JCB or Diners) and expiry date.  - Upon reception of this form the Hotel will charge 1 night's charge on the credit card  - hereunder mentioned.  - The balance of the stay will be charged on the credit card given upon check-in at the Reception of the Hotel.  In case of cancellation or no show, the prepayment will be kept by the Hotel as penalty. This amount will be non refundable.		
Signature:		
	Credit card number	Expiry date

Pls note that we will send you a confirmation fax/e-mail with the confirmation number. Pls make sure that you have received such a confirmation.