



Hotel Reservation Form
of
ISOQOL conference
Hilton Budapest Hotel / Hungary
June 22– June 27, 2007

Please complete this form in **block letters using blue or black pen**. Reservations must be made before May 15, 2007 to take advantage of these specially negotiated conference rates. **After this date rooms will be confirmed subject to availability of both space and rate.** For multiple bookings, please photocopy this form.

The hotel holds a certain block of rooms for the conference so please make your booking as soon as possible to get your rooms confirmed.

1. GENERAL INFORMATION

Title: _____ First name: _____ Billing address: _____
Last name: _____ Country: _____ State/Province: _____
Job title: _____ City: _____ Zip/Postal code: _____
Company: _____ Street: _____
Department: _____ Tel: _____
E-mail: _____ Fax: _____

2. HOTEL RESERVATION / Hilton Budapest

Arrival: _____ Departure: _____ Number of nights: _____
Check-in: 15:00 hours Check-out: 12:00 hours noon

Flight details:

Arrival flight number: _____ Arrival time: _____ Departure time: _____ Departure flight number: _____

Please tick accordingly, which room type you would like to book (please note that room type is subject to availability)

Room type:	Rate:	Preference:	
<input type="checkbox"/> Hilton Guest room	<input type="checkbox"/> Single rate: EUR 155, -/room/night	<input type="checkbox"/> Double rate: EUR 155, -/room/night	<input type="checkbox"/> Smoking room
<input type="checkbox"/> Danube view room	<input type="checkbox"/> Single rate: EUR 185, -/room/night	<input type="checkbox"/> Double rate: EUR 185, -/room/night	<input type="checkbox"/> Non-smoking room
<input type="checkbox"/> Executive room	<input type="checkbox"/> Single rate: EUR 215, -/room/night	<input type="checkbox"/> Double rate: EUR 215, -/room/night	

Room rates exclude VAT (20%) and breakfast (EUR 27,- / person). Executive room rate includes breakfast as well as daily consumption of snacks and drinks from the Executive Lounge.

3. METHOD OF PAYMENT

All reservations must be guaranteed with a major credit card (with valid expiry date). Bookings without credit card information or without an authorization signature below will not be accepted. Please guarantee my room reservation with the credit card as follows:

Visa Eurocard/MasterCard American Express Diners Club JCB

Card number: _____ Expiry date: _____

Name of card holder: _____

4. CANCELLATION BY DELEGATES

The hotel reserves the right to charge a cancellation fee equivalent to one night's room rate for all reservations cancelled within 21 days prior to the arrival day. Reservations cancelled within 7 days prior to the arrival date are subject to a cancellation fee equivalent to two nights' room rate. Reservations cancelled within 3 days prior to the arrival date are subject to a cancellation fee of the room charge of the entire stay. **In case of cancellation I authorize Hilton Budapest to charge the cancellation fee applicable to my credit card.** An extra supplement will apply for:

Late check-out until 18:00 – 50% discount on the daily rate. Yes No
Late check-out after 18:00 – Full rate will apply. Yes No

Any cancellations or modifications must be confirmed in writing.

Please fax this application form back to attention Mr GAL Levente by latest May 15, 2007 to:

Hilton Budapest

1014 Budapest, Hess A. tér 1-3. Hungary

Tel.: +36-1-889-6708

Fax: +36-1-889-6705

GUEST SIGNATURE: _____ (please note your reservation will not be accepted without your signature)

Hotel confirmation number: _____ Confirmed by: _____ Date: _____