

NH DANUBE CITY

EVENT ACCOMMODATION FORM

Name of Event: Centre for Management Technology

Centre for Management Technology

Event dates: May 27th – May 29th 2009

Please return the duly filled-in and signed form to:

NH Danube City, Wagramerstrasse 21, A-1220 Wien
Conference Sales

Tel: +43-1-26020-8115 / Fax: 0043-1- 26020 8108 / E-mail: mtngs.nhdanubecity@nh-hotels.com

Herewith I would like to process following reservation at the special event rates:

Reservation details:

Arrival Date: _____ approx. arrival time: _____ (14.00 hrs Check In)
Departure Date: _____ check-out time: 12.00 noon

Guest details: (please print)

First name: _____ Last name: _____

Date of birth: _____ Nationality: _____

Home address street: _____ Zip Code: _____

City: _____ Country: _____

Telephone number: _____ email: _____

Telefax number: _____

Passport number: _____ Date and Place of Issue: _____

Please tick-off below:

- Single room at EUR 185.- per room, per night, including breakfast buffet, service and all taxes
 Double room at EUR 205.- per room, per night, including breakfast buffet, service and all taxes
(special rates for the night from 29th – 30th May, single room EUR 165.--, double room EUR 185.--)

smoking room non smoking room

These special event rates only apply if booked through this registration form, and if the reservation has been processed latest until April 27th, 2009. Reservations received after this date, are subject to availability and the available rates then. Reservations can only be processed if guaranteed with a valid credit card. Reservations can be cancelled without penalty 48 hours prior to the arrival. Each reservation will be guaranteed and is therefore kept for late arrival. For any cancellations after 48 hours prior the arrival date and early departure, the whole amount for the entire length of stay will be charged to the credit card.

Guest Credit card details:

Credit card type: American Express Master Card Diners Visa

Credit card holder name: _____

Credit card number: _____

Expiry date: _____

With your signature you confirm the content of this form and its terms and conditions.

Date: _____

Guest signature: _____

Confirmation Number of the Hotel:
(will be filled-in by the hotel and faxed
or emailed back to the guest)