



CELL PRESS INFLAMMATION AND DISEASE CONFERENCE
(SUNDAY 26TH – TUESDAY 28TH SEPTEMBER 2010)

Mr/Ms: _____ First Name: _____ Family Name: _____

Name of Spouse/Partner Attending: _____

Company / Organisation: _____

Address: _____

Telephone: _____ Fax: _____

E-mail: _____ Mobile: _____

Date of Arrival: _____ Date of Departure: _____ No. of Nights: _____

Arrival Time:* _____ Flight No*: _____ Passport No: _____

Passport Name: _____ Exp Date: _____ Place of Issue: _____

Date of birth: _____

Room Request

ROOM TYPE	(EURO) SINGLE	TICK
Deluxe Room Single	170	
Deluxe Room Double	190	

Breakfast buffet _____ included _____ included – VAT

Check-in time: after 16:00 hours - Check-out time: before 12:00
Late check-out fee until 18:00: 50% of room rate – subject to our availability

Please debit my Credit Card for 1 night deposit to secure my reservation:

AMEX VISA Master Card Diners Club
Card No: _____ Expiry Date: _____

Cardholder's Name: _____

Signed: _____ Date _____

Cancellation Policy: Reservations are only considered if one valid credit card number is provided. Cancellations made less than 15 days prior to scheduled arrival, will be charged for 1 night. No-shows or early departures will be charged in full.

Hotel Reservation Form