

September 23rd to 25th, 2009 **Congress Center Villach**

HOTEL RESERVATION FORM

Please complete and return this form to:

Holiday Inn Villach, Europaplatz 2, A-9500 Villach,

Fax: +43 (0) 4242 22522 805 or email: reservierung@hi-villach.at

PARTICIPANT

Mr/Mrs						
Family/Surname				First Nan	ne	
Affiliation						
Street						
ZIP Code	City		Country			
Tel	Fax		EMail			
The prices are in EU free landline phone I wish to reserve a:	n Villach - S RO per night c calls and all s	services and ta	ding free enti ixes.	rance to vitali	•	o, free internet usage,
☐ Single Room € S	90,00 🗖 🛚	Oouble Room	€ 110,00	☐ Breakt	last Bu	ffet € 15,00 per person
Arrival Date		/ De nm/yy – minimu				·····/
Credit Car Please note that the	r d Guarante e room can or		eed with a vo	alid credit car	d num	ber.
■ Visa	☐ Maste	ercard	☐ Diners (Club		American Express
Card No:	/	/		/Expiry (r	nonth,	/year)/
Card Holder						
• Changes of In case of changes In case of cancella From September 14 after September 21st cancellation fee. I herewith accept the	or cancellation tion until Septe th , to Septemb st, 2009 or in co	ember 13 th , 200 er 21 st , 2009 a ase of no-show	fy the hotel in 19 no cancello cancellation 100% of the	ation fee will be fee of one nig	be del ght wil	l be charged and
Date			Signature			