



Reservation Fax Form for E-HEALTH CONGRESS (22-27.09.2009)

Customer Information

- Name: _____ Surname: _____
- E-mail: _____ Telephone: () _____

Billing Information

- Address: _____
- City: _____ Country: _____ Zip Code: _____

Flight Information

- Airline Name: _____ Flight Number: _____
- Arrival Time: _____ Departure From: _____

Credit Card Details

Credit Card details are required only for first night guarantee. (Below please read our Cancellation Policy)

- Credit Card Number :
- Credit Card Type: (MasterCard, Visa, Diners, Amex)
- CVC2 #:
- Expiry Date: (mm/yy)
- Card Owners Name & Surname:



CVC2 Number

Accommodation Details

- Check-in Date: _____ Check-out Date: _____ Room Type: _____
- Total Charge: _____

With signing this form, I hereby agree to the Cancellation Policy.

Name: _____ Signature: _____
 Date: _____

Please fax to the following number: 90 212 516 69 98

Cancellation Policy: If you do not cancel your reservation before its deadline (at 16:00pm on prior day of arrival) your credit card will charged with fee of only 1st night of your room rate as "NO SHOW".