

FIPA Meeting
13-14 September 2005, Budapest, Hungary

HOTEL RESERVATION FORM

After filling in and printing out this form, please send it by fax or via mail to:
CEEMAS'05 Secretariat, c/o Magdolna Zsivnovszki
Kende u. 13-17., H-1111 Budapest, Hungary, fax: +361 386 9378

Personal Data *(Please, print or type)*

Surname/Last Name	First Name	Middle Initial
Telephone <i>(include country code)</i>		E-mail

Block reservation has been made for participants in the following hotels. **Hotel fee is to be paid directly to the hotel upon arrival to Budapest. No reservation will be made without credit card information!**

<i>Hotel fees include breakfasts and all taxes</i>	Room rates/night		Preference	
	Single use	Double use	1 st	2 nd
Hotel Normafa****	EUR 70 <input checked="" type="checkbox"/>	EUR 80 <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Hotel Agro Panorama***	EUR 65 <input type="checkbox"/>	EUR 75 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sunlight Hotel***	EUR 40 <input type="checkbox"/>	EUR 45 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Check in date: September 2005 - check out date: September 2005, number of nights:.....

General Conditions

No deposit is required. One night room rate will be charged in case of non-attendance or delayed arrival if a cancellation notice in writing is not received by the CEEMAS'05 Secretariat on or before **1 September, 2005.**

I authorise the Scope Meetings Ltd. to charge one night hotel fee to my credit card below in case of no show or if the cancellation notice in writing is not received by the CEEMAS'05 Secretariat on or before 1 September, 2005.

Credit Card Data

American Express EuroCard/MasterCard Visa

Card number Expiration date

CVV code
(Last 3 digits of the security code on the back side of the card or in case of AmEx card the additional 4-digit on the front)

Cardholder's name

Billing address

Date Signature