



COSAC Chairpersons Meeting

Budapest, Hungary 10-11 February 2011

INDIVIDUAL HOTEL RESERVATION FORM

Please fill in and return <u>one form per Participant</u> **before 26 January 2011**, <u>directly to the selected hotel Le Meridien:</u>

Le Meridien Budapest

1051 Budapest, Erzsébet tér 9-10.

Phone: +36-1-429-56-00Fax: +36-1-429-56-06

Reservation e-mail: reservation.budapest@lemeridien.com

www.lemeridienbudapest.com

Please use capital lette	S.
Family name:	
First name:	
Country/Chamber:	
Date of arrival:	
Time:	Flight:
Date of departure:	C C C C C C C C C C C C C C C C C C C
-	
Time:	Flight:
Room type:	
Contact e-mail or phor	





Credit Card informat	ion:
	Type:
	Holder:
	Number:
	Expiration:
show or late cancella	ns cannot be confirmed without credit card information. In case of notion you will be charged a fee corresponding to one night's room price. If evation at least five days before your arrival, no fees will be claimed.
Data	Signatura





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DELEGATION HOTEL RESERVATION FORM

Please fill in and return one form per Delegation before 26 January 2011, directly to the selected hotel.

Le Meridien Budapest

1051 Budapest, Erzsébet tér 9-10.

Phone: +36-1-429-56-00Fax: +36-1-429-56-06

Reservation e-mail: reservation.budapest@lemeridien.com

www.lemeridienbudapest.com

Please use capital letters .		
Country/Chamber:		
List of Delegation:		

	Family name	First name	Room	Date of	Date of
			type	arrival	departure
1.					
2.					
3.					
4.					





	5.						
	6.						
	7.						
	8.						
Co	ntac	et e-mail or pho	one:				
Cr	edit	Card informat	ion:				
		Т	Type:				
		H	Holder:				
		N	Number:				
		F	Expiration:				
sho	w o	r late cancellation	s cannot be confirmed on you will be charge ation at least five day	ed a fee corres	sponding to one ni	ight's room price. If	
Da	te:			Signature:			