RAI HOTEL SERVICE HOTEL RESERVATION FORM



Plenary COSAC 2004, 21 November - 23 November 2004

To make a reservation, complete this form and fax to +31 (0)20 549 1946 or e-mail to hotelservice@rai.nl .To make your reservation online please visit www.rai.nl/hotelservice .

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Personal deta	ails				
□ Mr.	□ Mrs.	□ Ms.	Title:		••
First name:					
Last name:					
Company:					
Address:					
Postcode:		City:			
Country:					
Telephone:		Fax:			
E-mail:					
•					-•
Hotel details	(please select your hotel fro	om the enclosed hotel	list)		
Preferred hotel cl	hoice:				
Second hotel cho	oice:				
Arrival date:		Departure	date:		
Number of rooms	S:	Single		Double	
Additional guest i	names:				
Special requests:					
accepted in wri if received befi- cancellations re- night's room rat On all our rese- different cancel conditions with	cancellations and amend ting. Changes on reserv fore Friday 5 pm (CET eceived within 48 hours	ations with arrival ir). Cancellations wi prior to the arrival Uniform Hotel Con y is applicable on r	n the weekend or on Mill be charged with act date and no shows, nditions) are applicable	Monday/Tuesday can o dministration costs of the hotel is entitled to be. These can be sent	enly be processed EUR 35,00. For to charge the first upon request. A
•					-•
	etails ions need to be guara arges at checkout.	nteed by a valid c	credit card . Guests a	are responsible for	
□ American Exp	ress Diners	□ Euro/Maste	r □ Visa		
	per: ne back of the card. Only			. CVC*:	
I understand the	terms and conditions	stated above.			
Name:	Date:	Sign	ature of cardholder:	·····	
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