

**Individual guest room reservation request
 "CIRP Conference"
 21st-28th August 2011
 HOTEL RESERVATION FORM
 Ibis Budapest Centrum**



Please complete in BLOCK CAPITALS and return by fax or mail **directly** to:

<i>Ibis Budapest Centrum</i> <i>Ráday u. 6</i> <i>H- 1092 Budapest</i> <i>Tel: +36 1 456 4100</i> <i>Fax: +36 1 456 4116</i> <i>E-mail: h2078@accor.com</i>	RATE PER NIGHT		
	(Breakfast, WIFI access and taxes included)		
	<u>BEDROOM TYPE</u>	<u>SINGLE</u>	<u>DOUBLE</u>
	Standard Room	€ 66	€ 76
	Non smoking room	Smoking room	

Date of Arrival: _____ Hour: _____ Date of Departure: _____ Hour: _____

Family name: _____ First name: _____

Title/Profession: _____ Organisation/Company: _____

Mailing address: _____

Country: _____

Telephone: + _____ Fax: + _____

E-mail: _____

Accompanied by (name): _____

Reservation guaranteed by my credit card:

Mastercard/Eurocard American Express Visa Diners

Cardholder Name _____

Card Number _____

Expiry date _____

Please note:

- To take advantage of these rates, please use **ONLY** this reservation form.
- The deadline date for reservations is 30th June 2011.
- Check in time is 14:00 / Check out 12:00

Cancellations Policy:

- I guarantee this room reservation with my credit card. I agree that in case of non-arrival, the all nights' room rate will be charged to my credit card, unless the reservation has been cancelled and the cancellation confirmed by fax 72 hours before the arrival date.

• Date: Signature/authorization:.....