



HOTEL DE FRANCE

„ORTHOGNATHIC SURGERY“ 10.-12. APRIL 2008

Family name:..... First name:.....
Company name:..... Country:.....
Date of arrival:..... Time:.....
Date of departure:..... Time:.....

Category:	Rate:	Check box:
Single room Superior	€144,--	
Double room Superior	€144,--	
Buffet breakfast	€23,--	

The rates are per room, per night, including minibar, service charge and tax

Telephone:..... Telefax:.....

E-mail:.....

Name of credit card holder:.....

Number:..... CVC/CVV-Code:.....

Expire date:.....

By signing this form you kindly state your full acceptance and authorization for us to charge your credit card as per terms and conditions indicated hereinafter.

Signature:..... Date:.....

Terms and conditions:

To take advantage of these rates, please use ONLY this reservation form. This special rate is applicable until March 20th 2008.

Cancellation policy:

Cancellation free of charge is possible until 3 days before arrival. For cancellations after this date or No-Show, a cancellation fee of 1 night will be charged to your credit card.

**PLEASE COMPLETE (IN BLOCK LETTERS) AND RETURN THIS FORM TO THE HOTEL BY
March 20th 2008!!!**

Hotel de France, Schottenring 3, A-1010 Wien/Vienna

Phone: (+43/1)313 68-0

E-mail: defrance@austria-hotels.at

Fax: (+43/1)319 59 69

Room cannot be guaranteed for Hotel Reservation Forms received after March 20th 2008.

Confirmation of the above reservation, on behalf of the hotel:.....

Confirmation number:..... Signature:..... Date:.....