

SPUDM 25
16-20/08/2015

HOTEL RESERVATION FORM

ibis Budapest Centrum



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

ibis Budapest Centrum <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, taxes and service included)		
	BEDROOM TYPE	SINGLE	DOUBLE
	Standard Room	€ 69	€ 79

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 16.07.2015
- 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 night's room rate will be charged to my credit card, unless the reservation has been cancelled and the cancellation confirmed by fax 3 days before the arrival date.

• Date: Signature/authorization:.....

