



**Hotel Reservation Form
for CELCC 2019 Conference
Conference **21-23. November 2019**. Budapest**

Please complete this form in **block letters using blue or black pen**. For multiple bookings, please photocopy this form.

Reservation deadline: 31st 10. 2013. Please note that after the deadline the hotel can only confirm requests depending on its availability.

1. GENERAL INFORMATION

Title:	Billing address:	
First name:	Country:	State/Province:
Last name::	City:	Zip/Postal code:
E-mail:	Street:	

2. ACCOMODATION

Arrival: _____ **Departure:** _____ **Number of nights:** _____ **Suite type:** _____
Check-in: 14:00 hours Check-out: 12:00 hours noon

Rate: _____ **Preference:** _____

Single rate: EUR , -/suite/night Double rate: EUR , -/suite/night

Room rates are inclusive of 18% VAT, 4% city tax, buffet breakfast and free WiFi.

3. METHOD OF PAYMENT

All reservations must be guaranteed with a major credit card (with valid expiry date). Bookings without credit card information or without an authorization signature below will not be accepted.

Visa Eurocard/MasterCard American Express

Card number: _____ **Expiry date:** _____

Name of cardholder: _____ **Signature:** _____

4. CANCELLATION BY DELEGATES

Penalty free cancellation is possible latest 7 days prior to arrival. Cancellation within 7 days or no-shows 100% room price and 50% of the conference package will be charged as penalty.

In case of late cancellation or no show, I authorize St. George Residence to charge the penalty to my credit card.

Any cancellations or modifications must be confirmed in writing.

Please send this application form back to:

St. George Residence, Fax: +36-1-393 5705 or e-mail: info@stgeorgehotel.hu

1014 Budapest, Fortuna utca 4. Hungary

www.stgeorgehotel.hu

Hotel confirmation No.: _____ **Confirmed by:** _____ **Date:** _____