



HOTEL RESERVATION FORM

BEST WESTERN LIDO HOTEL

ETAPS CONFERENCE 2008
Budapest, March 29 – April 06 2008

FAMILY NAME: _____ **Mr/Ms/Dr** _____

FIRST NAME: _____

COMPANY: _____

ADDRESS: _____

TELEPHONE: _____ **TELEFAX:** _____

E-MAIL: _____

CREDIT CARD NUMBER: _____

EXPIRY DATE OF CREDIT CARD: _____

SINGLE ROOM (*) € 40.-/room/night

DOUBLE ROOM (*) € 44.-/room/night

(*) These special rates include buffet breakfast and all taxes. Check-in time: from 02.00 p.m., check-out time: 10.00 a.m. Please advise if otherwise requested.

PAYMENT: **by cash (at the hotel)** **or** **by credit card(*)**

DATE OF ARRIVAL: _____

DATE OF DEPARTURE: _____

PARKING PLACE: *yes* *no*

Please send your reservation directly to the hotel till February 29 2008 at the latest.

For individuals the cancellation is free of charge 48 hour prior to the arrival date.

In case of no show or late cancellation we will charge the price of 1 night for the customer who made the reservation.

(*) Diners Club not accepted

FOR THE HOTEL: CONFIRMATION
RATE

BOOKING NO: