

IIR OTV CONNECT

Warsaw, date 19.09-23.09 2010

HOTEL RESERVATION FORM - *The Westin Warsaw Hotel*

NAME: _____

COMPANY: _____

ADDRESS: _____ Phone number: _____

BED ROOM DETAILS:

ARRIVAL DATE: _____ DEPARTURE DATE: _____

Single: Double: Twin bedded: Non Smoking:

Room rate:

PLN 450.00+7% VAT standard single room.

PLN 522.00 + 7% VAT - standard double room

Rate includes breakfast in the Fusion Restaurant.

Pick up: Flight details:

Pick up from the airport: PLN 80.00 (approximately € 23.00)

RESERVATION CUT-OFF DATE: 1.09.10 DATE

All reservations received after this date will be subject to availability, and may be at a higher rate than quoted above.

PAYMENT INSTRUCTIONS:

Please guarantee payment by providing your credit card details below or sending an advance deposit equal to one night's accommodation (Hotel Atrium Sp. z o.o., Bank Handlowy w Warszawie S.A., ul. Senatorska 16,00-923 Warszawa Account number: 90 1030 1508 0000 0005 0167 9151, IBAN: PL90 1030 1508 0000 0005 0167 9151, SWIFT: CITIPLPX). Cancellations must be received prior to 16:00 on the date of arrival. If reservation is not cancelled by 16.00 on the day of arrival, hotel will charge an amount equal to one night's accommodation.

Name of Card Holder: _____

Type of Credit Card: _____

Card Number: _____ Expiry: _____

Signature of Card Holder: _____

Confirmation required: Yes No

Fax/e-mail for reconfirmation: _____

Special Requests: _____

I authorize Hotel The Westin Warsaw to charge my credit card in case of cancellation of the reservation in regards of above stated terms.

Signature: