

BOOKING FORM

Guest name & company: _____

Phone number: _____

Email address: _____

Where did you hear about us? _____

Required date(s): _____

Required time (from – to): _____

Number of delegates: _____

Number of meeting rooms required: _____

Required layout:

theatre cabaret boardroom classroom other (please specify above)

Required equipment:

projector OVP microphone laptop other (please specify above)

Lunch: YES/NO **Lunch style:** canapés/buffet/2 course/3 course

Refreshment: YES/NO 1 x day/2 x day

Accommodation: YES/NO	<input type="checkbox"/> Single room	Quantity:	Nr. of nights:
	<input type="checkbox"/> Double room	Quantity:	Nr. of nights:
	<input type="checkbox"/> Other (please specify left)	Quantity:	Nr. of nights:

Schedule: _____

I HEREBY AUTHORISE CITY HOTEL TO CHARGE THE FOLLOWING TO MY CREDIT CARD (please indicate):

Deposit*	<input type="checkbox"/>	Amount:
Total cost of conference*	<input type="checkbox"/>	Amount:
Other	<input type="checkbox"/>	Amount:

My Credit Card Details are as follows (all fields are mandatory)

Credit card number: _____

Start date (where applicable): _____

Expiry Date: _____

Security code: _____

Name on card: _____

I hereby confirm that I have read and understood all terms and conditions, that the above instructions are correct and I agree to accept all charges detailed to be debited to my debit / credit card.

Date: _____

Signature: _____

Please fill this form in, sign it and fax it to the number above together with a photocopy of the credit card you want to use for payment. As soon as we receive the form, we will formally confirm your booking.