

American Express Travel Service
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International Symposium on Standards and
Codes of Practice in Medical Radiation Dosimetry
Vienna, Austria, 25-28 November 2002

HOTEL RESERVATION FORM

All requests for hotel reservations should be made by completing and faxing or mailing this form to the above address by **17 October 2002**. Please note that reservations received after this date cannot be guaranteed. Please complete in block letters.

LAST NAME _____ FIRST NAME _____

POSTAL ADDRESS _____

_____ COUNTRY _____

TELEPHONE _____ FAX _____ E-MAIL _____

Please indicate your preferred hotel below and give 2 alternatives.
A block reservation has been made from 24–29 November 2002.

NAME OF PREFERRED HOTEL	SINGLE	DOUBLE	REMARKS

ARRIVAL DATE _____ DEPARTURE DATE _____

Guarantee/Deposit:

- By credit card (payment to be settled at the hotel):
 AMERICAN EXPRESS VISA DINERS CLUB MASTER/EUROCARD
Card Number: _____ Valid until: _____
- In the absence of a credit card, a deposit of EUR 100,- is required and should be paid as follows:
A cheque mailed to American Express, which will be returned to you during your stay.

Without credit card number or deposit the reservation cannot be guaranteed. Please note that in any case the full payment should be settled directly with the hotel.

The confirmation of your hotel will be sent to you approx. 14 days before arrival. If you have to cancel please inform us on time, otherwise a one-night fee will be charged.

Date: _____ Signature: _____