

Hotel Booking Form

CyclonHit Workshop Budapest (Hungary), 07-09. May, 2015

Please return to Mercure Budapest Duna***: H2025@accor.com H-1095 Budapest, Hungary, Soroksári út 12.

Tel:+36 1 455-83-40 or Fax: 36 1 455-83-85

Contact: Judit Fazekas

no later than 06. April, 2015. Reservations will be confirmed within 24 hours of receipt. After **06 April, 2015** the hotel reserves the right to confirm bookings subject to availability.

Please, mark with an X which room type you wish to reserve. Room rates include the buffet breakfast, VAT and 4 % City tax.

Standard room single occupancy		66 EUR ,-/room/n	ight		
Standard room double occupancy		76 EUR ,-/room/n	ight		
	Room wi	ith Danube view (սբ	oon availability)		
Smoking Room		Non smoking Room			
th missal datas			Departure date:		
†Arrival date:			Departure date:		
Last name:			First name:		
Phone:			Country:		
Fax:			E-mail:		
Payment for accom	modation s	should be made di	rectly to the hotel. In or	der to guarantee your	roon

Payment for accommodation should be made directly to the hotel. In order to guarantee your room reservation please provide the following credit card information. Without these details we cannot accept and confirm the reservation.

Credit card type: (Visa, Amex, Mastercard, JCB accepted)	Number:	Expiry date:

I agree that in case of **no show** or late cancellation the cost of 1 night will be charged - unless notice of **cancellation** is communicated **72 hours** prior to arrival.

Date:	Print Full Name:	Signature/Authorization:

Reservation nr.	Date of Confirmation	Confirmed by: