

COSAC Chairpersons Meeting

Budapest, Hungary

10-11 February 2011

INDIVIDUAL HOTEL RESERVATION FORM

Please fill in and return one form per Participant **before 26 January 2011**, directly to the selected:

Budapest Marriott Hotel

1052 Budapest, Apáczai Csere János utca 4.

Phone: +36-1-235-4888

Fax: +36-1-266-4333

Reservation e-mail: budapest.reservations@marriott.com

www.marriottbudapest.com

Please use **capital letters**.

Family name: _____

First name: _____

Country/Chamber: _____

Date of arrival: _____

Time: _____ Flight: _____

Date of departure: _____

Time: _____ Flight: _____

Room type: _____

Contact e-mail or phone: _____

Credit Card information:

Type: _____

Holder: _____

Number: _____

Expiration: _____

Please note that rooms cannot be confirmed without credit card information. In case of no-show or late cancellation you will be charged a fee corresponding to one night's room price. If you cancel your reservation at least five days before your arrival, no fees will be claimed.

Date: _____

Signature: _____

COSAC Chairpersons Meeting

Budapest, Hungary

10-11 February 2011

DELEGATION HOTEL RESERVATION FORM

Please fill in and return one form per Delegation **before 26 January 2011**, directly to the selected hotel.

Budapest Marriott Hotel

1052 Budapest, Apáczai Csere János utca 4.

Phone: +36-1-235-4888

Fax: +36-1-266-4333

Reservation e-mail: budapest.reservations@marriott.com

www.marriottbudapest.com

Please use **capital letters**.

Country/Chamber: _____

List of Delegation:

	Family name	First name	Room type	Date of arrival	Date of departure
1.					
2.					
3.					
4.					
5.					
6.					

7.					
8.					

Contact e-mail or phone: _____

Credit Card information:

Type: _____

Holder: _____

Number: _____

Expiration: _____

Please note that rooms cannot be confirmed without credit card information. In case of no-show or late cancellation you will be charged a fee corresponding to one night's room price. If you cancel your reservation at least five days before your arrival, no fees will be claimed.

Date: _____

Signature: _____