REGISTRATION & HOTEL BOOKING FORM XXXIV COSAC CITY INN, 30 John Islip Street, London SW1P 4DD

BOOKING REF: HOC

| Sunday 9 & Monday 10 October 2005 | |
|---|---|
| COUNTRY | Chamber/ House of Parliament |
| Surname: | First Name: |
| Title: MR/MRS/MS/DR/OTHER (please specify) | Job Title |
| Name to appear on badge: | |
| Address: | |
| | |
| Postal Code: | Daytime Telephone Number: |
| Email: | Fax Number: |
| Preferred Language French/English | Special Dietary Requirements: |
| Protection – Please let us know on 020 7219 3294 as soon as possible if you consider you require | |
| special protection and also let us have a contact pho | one number. |
| HOTEL: CITY INN | Please indicate if you are planning to stay |
| Baskings mostly made by 45 August | elsewhere. |
| Bookings must be made by 15 August | |
| Arrival Date: | Departure Date: |
| TYPE OF ROOM REQUIRED | |
| Double Room (for single occupancy) £149 inclusive of English breakfast & VAT | |
| CREDIT CARD PAYMENT | |
| <u>IMPORTANT</u> : Your credit card number is required to secure the rooms. Payment should be made directly with the hotel at the time of stay. If you do not have a credit card, please contact the Overseas Office for further information. | |
| Credit Card Type: VISA/MASTERCARD/AMEX/DINERS/SWITCH (please specify) Expiry Date: | |
| Number on Card: | |
| Name on Card: | |
| Home / Postal Address: (If different from above) | |
| By completing this form I accept the terms and cond | litions of booking. |
| The hotel will confirm your reservation by fax. | |
| Signature: | Date: |
| To book your accommodation please complete the booking form and return a copy to both addresses below: | |
| City Inn Westminster London SW1P 4DD +44 (0) 20 7630 1000 Fax +44 (0) 20 7233 7575 email: westminster.res@cityinn.com | Overseas Office (European Section) Room 273, 7 Millbank House of Commons London SW1A 0AA ## +44 (0) 20 7219 3298 Fax +44 (0) 20 7219 6832 |

Email: hocoverseasoffice@parliament.uk