

ACCOMMODATION BOOKING FORM

Conference to be held on September 28th and October 04th, 2009

Delegates are responsible for settling their own accounts, including extras as such as airport transfer, phone calls, mini-bar expenses, spa & fitness access and additional nights stayed.
72 hours before the arrival date all cancellations, no-shows and early departures will be charged for the entire period requested to your credit card.

PLEASE FILL OUT IT IN LEGIBLE CAPITAL LETTERS

Guest Information:

Please Type and Print your information in the fields below

Company: _____
First name: _____
Last name: _____
Address: _____
City: _____
Postal Zip code: _____
Country: _____
Telephone: _____
Fax: _____
Email: _____
Arrival date: _____
Arrival time: _____
Departure date: _____

Please Send Reservation Request Form:

Reservations department
The Westin Palace, Madrid
Plaza de las Cortes, 7
28014 Madrid – Spain

Tel. +34 91 360 7777
Fax. +34 91 360 7778
e-mail: reservations.palacemadrid@westin.com

Hotel Terms & Conditions:

- Reservations can only be made through this Hotel reservation form
- Cancellations and/or changes should be made in writing exclusively to the The Westin Palace, Madrid
- **Check-in: 3.00 p.m.; Check-out time: 12.00 p.m.**
- All expenses will be settled directly by Client upon departure.

Yes, I agree to the terms and conditions as outlined above for The Westin Palace, Madrid.

Signature: _____

Room Selection:

- Double Room for single use 290.00 Euros
 Double room 320.00 Euros

The above rates are per room per day.
Buffet breakfast included.
7% taxes not included.

Payment and Deposit details:

Important: accommodation will be guaranteed only if reservation requests are accompanied by credit card details or copy of bank transfer.

- Visa MasterCard
 American Express Other _____

Credit card Number: _____ Expiry date: _____

Card Holder (print name): _____

Signature: _____ Date: _____