

**" EPG Summit Ltd 2017 "**  
**27.11.-30.11.2017**  
**ROOM RESERVATION FORM**

**PERSONAL INFORMATION**

Family Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Country: \_\_\_\_\_ Email: \_\_\_\_\_  
Business Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

**FLIGHT DETAILS**

Flight N°: \_\_\_\_\_ Arrival Time: \_\_\_\_\_ Terminal: \_\_\_\_\_  
Flight N°: \_\_\_\_\_ Departure Time: \_\_\_\_\_ Terminal: \_\_\_\_\_

Please let us know if you like us to organize a (return) transfer / pick-up from the airport.  
Cost at EUR 55,00 one way.

Transfer wished:  YES /  NO

**ACCOMMODATION**

Please select your preferred room categorie you would like to reserve:

- Superior Room at EUR 200,00 per room, per night including breakfast - single occupancy  
 Superior Room at EUR 220,00 per room, per night including breakfast - double occupancy

Cancellation and amendments are free of charge up to 18:00, **three** days prior to arrival. Cancellation after **3** days before arrival will be penalized with the cost **of the first night** to your credit card.

Number of persons in room: \_ \_\_\_\_\_

Check In Date \_\_\_\_\_ Check Out Date \_ \_\_\_\_\_

Dietary / Other special requirements: \_\_\_\_\_ **x**

**CREDIT CARD DETAILS for guaranteeing/payment purposes**

Credit Card Type: \_\_\_\_\_ Number: \_\_\_\_\_  
\_\_\_\_\_  
Name on Card: \_\_\_\_\_ Expiry Date: \_\_\_\_\_ **x**

Please complete and return this form by **30<sup>th</sup> October 2017** latest.

Contact details of hotel and for questions / returning the form:

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