

" 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 **30th October 2017** latest.

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

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