

**American Express Travel Service**  
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**HOTEL RESERVATION FORM**

In order to request that a hotel reservation be made on your behalf, kindly fax or mail this completed form to the above address. **Please complete in block letters and return to us latest by 4 October 2004.**

**LAST NAME** \_\_\_\_\_ **FIRST NAME** \_\_\_\_\_

**STREET ADDRESS** \_\_\_\_\_

\_\_\_\_\_ **COUNTRY** \_\_\_\_\_

**TELEPHONE** \_\_\_\_\_ **FAX** \_\_\_\_\_ **E-MAIL** \_\_\_\_\_

Please indicate the name of a preferred hotel from the enclosed hotel list and give 2 alternatives.

**BLOCK RESERVATIONS HAVE BEEN MADE FOR THE PERIOD NOVEMBER 6 - 14, 2004**

| <b>NAME OF PREFERRED HOTEL</b> | <b>SINGLE</b> | <b>DOUBLE</b> | <b>REMARKS</b> |
|--------------------------------|---------------|---------------|----------------|
|                                |               |               |                |
|                                |               |               |                |
|                                |               |               |                |

**ARRIVAL DATE & TIME** \_\_\_\_\_ **DEPARTURE DATE** \_\_\_\_\_

**Guarantee/Deposit:**

- By credit card (payment to be settled at the hotel):  
 AMERICAN EXPRESS     VISA     DINERS CLUB     MASTER/EUROCARD  
Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

In the absence of a credit card, a deposit of EUR 100,-- is required and must be paid in the form of a cheque mailed to American Express, which will be returned to you during your stay.

**Please note that no reservation can be made without valid credit card information (or a deposit of EUR 100,-) and that the full payment must be settled directly with the hotel/apartment.**

The confirmation of your hotel/apartment reservation will be sent to you by mail or fax. Should you need to cancel this reservation, please inform us in time, otherwise a one-night fee will be charged. A special cancellation policy applies for apartments.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_