

American Express Travel Service  
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International Conference on Area-Wide  
Control of Insect Pests  
Vienna, 09 – 13 May 2005

**HOTEL RESERVATION FORM**

In order to request that a hotel reservation be made on your behalf, kindly fax or email this completed form to the above address as soon as possible but no later than April 07<sup>th</sup> 2005.

**Please complete in block letters.**

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

ADDRESS \_\_\_\_\_

\_\_\_\_\_ COUNTRY \_\_\_\_\_

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

Please indicate the name of a preferred hotel and give 2 alternatives. In case you require accommodation in a short-term apartment, please specify your size/price/location requirements, and the projected duration of your stay.

NAME OF PREFERRED HOTEL	SINGLE	DOUBLE	REMARKS

A block reservation has been made 08 – 14 May.

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 will be made without valid credit card information (or a deposit of EUR 100,-) The actual full payment of the hotel rooms must be settled directly with the hotel/apartment.

Confirmation of your hotel reservation will be sent to you by mail or fax.

Should you need to cancel your reservation, please inform as soon as possible but at least one week prior to arrival date as otherwise a one-night fee will be charged.

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