Accommodation Reservation Form

- Please print or type clearly - Retain a copy for your records -

Please fill out this form (one room per reservation form) and return it before October 15, 2002 to:

Mercure Hotel Amsterdam aan de Amstel
Joan Muyskenweg 10
NL-1096 CJ AMSTERDAM
The Netherlands
Telephone: +31 (0)20 665 81 81
Telefax: +31 (0)20 694 87 35

Hotel reservations cannot be processed without a completed form and a EUR 130 deposit per room or credit card details.

Personal information

Mr/Mrs/Ms (surname) __________________________ Initials: __________________________
Company/Institute: __________________________
Mailing Address: __________________________
City: __________________________ Postal code: __________________________
Country: __________________________
Telephone: __________________________ Telefax: __________________________
E-mail: __________________________

Room sharing information

Please supply the name of any person who is sharing your room:
Mr/Mrs/Ms (surname): __________________________ Initials: __________________________

Hotel rooms

Date of arrival: ____________ day ______ November 2002 ______ hour
Date of departure: ____________ day ______ November 2002
Arrival by: ☐ Car ☐ Plane ☐ Train ☐ Other: __________________________

Please indicate your preference.
☐ Single room (EUR 130, excl. breakfast and excl. citytax) ☐ Double room (EUR 150, excl. breakfast and excl. citytax)
Remarks: __________________________
Handicap Facilities Requested: ☐ Yes ☐ No (please notice, request only)
If yes, please specify: __________________________
Hotel deposit

One of the following guarantees is required:

o Swift transfer
  Payment of EUR 130 to bank account 40.43.99.320 of the ABN-AMRO bank (Amsterdam), The Netherlands, IBAN: ABNANL2A in the name of Mercure Hotel Service. Please mention the above account number clearly.

Note: Please include name participant, address and reference code: EuroBSDCon 2002.

o Credit card guarantee
  Please include the following information. The credit card will only be charged in case of cancellation or no-show.

  ☐ American Express  ☐ Eurocard  ☐ Visa Card  ☐ Diners Club

  In the name of: ________________________________
  Company name: ________________________________
  Mr/Mrs (surname): ________________________________
  Card number: ________________________________
  Exp. date: ___________ month ___________ year
  CVC code: ___________ (only necessary by Euro/Mastercard (last 3 digits at the back of credit card)

  Signature card holder: ____________________________________________________________________________

Payment may only be made in EURO’s, free of bank charges. In the event of bank charges EUR 15 will be deducted from your hotel deposit.

After receipt of your payment/credit card guarantee, the required accommodation will be booked and a voucher will be sent to you. Any deposit will be deducted from your hotel bill by trading the voucher at the hotel reception desk.

General terms and conditions

• Cancellations/changes will only be accepted by Mercure Hotel Service in writing.
• The cancellation policy is in conformity with the Uniform Hotel Conditions (UVH) and applicable on all reservations.
• Cancelled rooms, for which no cancellation costs are invoiced by the hotel, will be charged with EUR 25 administration costs.
• If you do not check-in on the above mentioned arrival date, without written notification, your room will automatically be cancelled for the rest of the period. The room will become subject to cancellation charges.
• When checking out before the confirmed departure date, the hotel is entitled to charge an early departure fee of EUR 130.

All procedures mentioned in the “Accommodation form information” are applicable for your hotel reservation.

Date: ____________________________ Signature: ________________________________________________________