swissôtel DÜSSELDORF / NEUSS

Rheinallee 1
D-41460 Neuss, Germany
Tel: +49 (0)21 31 77-00 Fax: +49 (0)21 31 77-13 66

"CTS & Digital Workflow Conference" / "European Membrane Switch Symposium"
from November 3rd to November 6th, 2008

Accommodation Booking Form

Hotel Room Reservation Form to be completed in block letters and sent by email or fax.
Rate will **only be guaranteed until August 11th, 2008.**
After this date rooms will be sold subject to availability.

Last name:-_____ First name:-_____
Company:-_____
Address:-_____
_____
Tel:-_____ Fax:-_____
Email:-_____

Arrival date:-_____ **Departure date:-_____**

☐ **Single room** **€129 per night** ☐ **Double room** **€146 per night**

The participation at our large breakfast buffet is included.

In order to secure the room reservation, would you please fill up the following:-

Card holder's name:-_____

I authorize the Swissôtel Düsseldorf / Neuss to charge the following card number for this booking :

☐ American Express ☐ Visa ☐ Euro / Master Card

Expiry Date: ...../...../.....

Signature :-_____

Conditions of reservation

- All bedrooms reservation have to be **guaranteed by a credit card number.**
- For cancellation **after August 11th, 2008**, **the room will be charged** with **90%** for **the whole duration** to the **participant's credit card**.
- All **changes or/and cancellation** must be sent in writing to the Swissôtel Düsseldorf / Neuss **exclusively.**
- If the participant **no-shows** on the first night of the event, the **room will be charged with 90%** on his credit card for the **whole duration of stay** and the reservation will be **cancelled for the rest of the stay.** In case of early departure, hotel will charge 90% of the room per night for the remaining nights.
- The Swissôtel Düsseldorf / Neuss will send you a confirmation number in writing to the fax number above mentioned.

Part to be filled by the Reservations Department

Confirmation Number:-
Date:-
Signature:-

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