ICCIR 2014 HOTEL BOOKING FORM

Fill in this form and return it via FAX or EMAIL to:

| Reservation Office Poertschach | Tel: +43 4272 2354 |
|--------------------------------|----------------------------|
| Ms. Lerchbaumer | |
| Hauptstraße 153 | Fax: +43 4272 3770 |
| 9210 Poertsch | |
| AUSTRIA | Email: info@poertschach.at |
| | Ţ. |

Personal Details: (Please type or write in BLOCK capitals)

Mr.

Mrs.

Ms.

Dr.

Title:

Last Name:

First Name:_

Prof.

| Department: | | | | | |
|--|-------------------------|-------------------------------------|---------------------------|------------------------|--|
| · - | | | | | |
| Address: | | | | | |
| Postal code: | City: | (| Country: | | |
| Telephone: | | Fax: | | | |
| Email: | | | | | |
| | | | | | |
| | | HOTEL ACCOMMODA | TION | | |
| I would like to m ICCIR website) | ake the following res | servation: (a list of hotels with o | description and rates can | be downloaded from the | |
| Seehotel Dr. Jilly | (all prices include bro | eakfast and all taxes) | | | |
| Room type: | Single € 129 | Double (Superior/Balcony)* | € 109 Double (| Deluxe/Balcony)* € 125 | |
| Other type, please specify: | | | | | |
| Hotel Dermuth (all prices include breakfast and taxes) | | | | | |
| Room type: | Single € 66 | Double* € 56 | | | |
| | Other type, please sp | ecify: | | | |
| Arrival date: | June 2014 | Departure date: | June 2014 | Nights: | |
| Special requirem | ents (non-smoking, ex | xtra bed, etc.): | | | |
| * I will share my r | oom with (name): | | | | |

Please note that the Reservation Office Poertschach will forward all booking requests to the selected hotels. Availability will be checked upon request only. Reservations are valid only after confirmation by the respective hotel(s) directly.

The CIRSE Foundation and ICCIR are not part of this business process and cannot assume any responsibility in this matter nor can the CIRSE Foundation and ICCIR be held liable for any booking related claims.