

ATHÉNÉE PALACE HILTON, BUCHAREST, ROMANIA

FIDIC MARCH 2015 HOTEL BOOKING FORM

(Please fax this form direct to the hotel on

Fax No.: **INT+ 40 21 315 38 13** or e-mail to anca.sirbu@hilton.com and/or
reservations.bucharest@hilton.com)

DELEGATE NAME

Family Name: First Name:

COMPANY NAME:

CITY, COUNTRY:

E-MAIL ADDRESS:

TEL NUMBER:

FAX NUMBER:

ACCOMPANYING PERSON(S) (Please give age of any children coming with you):

1. Family Name: First Name: Age of Child(ren):
2. Family Name: First Name: Age of Child(ren):

ATHÉNÉE PALACE HILTON HOTEL ROOM REQUIREMENTS

Please tick the room type	Room Type	Rate RON		Name of the guest	Check-in day (please tick the selected day)	Check-out day
		Single occupancy	Double occupancy			
	Hilton Guest Room	20% off Bed and Breakfast rate	20% off Bed and Breakfast rate	_____		

- Rates are NET, in RON, per room/night, include breakfast and exclude taxes.
- Taxes are currently 10% but are subject to change according to Romanian law.

The rates are also inclusive of:

- Complimentary Health Club: access at swimming pool, fully equipped gym, sauna, Jacuzzi.
- internet

If you would like to extend your hotel booking, please specify which additional nights you require. The hotel will honour the request prior and following the official event date (.....), subject to availability.
Additional Nights Required:

I would like:

- | | | | |
|----------------|--------------------------|-------------------------|--------------------------|
| A Smoking Room | <input type="checkbox"/> | A Connecting Room | <input type="checkbox"/> |
| Twin beds | <input type="checkbox"/> | A Baby Cot | <input type="checkbox"/> |
| King bed | <input type="checkbox"/> | Tea/Coffee-Making Items | <input type="checkbox"/> |

PAYMENT ARRANGEMENTS

Each guest, upon departure, will settle payment individually for their accommodation and any extras. Payment can be made with **Cash** (Euro, USD, RON, English Pounds), **Credit Card** VISA (Euro), MasterCard (Euro, USD, RON), AMEX (RON), Diners (USD). The hotel invoice will be issued in RON with a conversion into Euro or USD made at the hotel exchange rate.

Please note that non-guaranteed bookings are not accepted.

We guarantee this booking by:

A. Credit Card:

Card Name: VISA/EC/MC/AMEX; Number _____ exp day ____

Cardholder name: _____ Signature: _____

OR

B. Company:

Name: _____ Signature: _____ Stamp: _____

By this we agree that, in case that the guest does not arrive or the booking cancellation is requested after....., first night stay will be charged to the credit card at the contracted rate. Please note that in case of no-show, the remaining nights of the original booking will be automatically cancelled.

Please note that the accommodation rates and the type of the room requested will be confirmed based on availability of the hotel.

CHANGES/CANCELLATION OF YOUR RESERVATION

Please note that it is the Delegate’s responsibility to inform the hotel directly of any changes/cancellation.

SPECIAL REQUIREMENTS

If you have any other special requirements concerning your accommodation, not covered above, please indicate them here:

.....
.....

Please return this form to Reservations Department, Athénée Hilton Hotel before.....

After that date, reservations will be confirmed upon availability and at the available rates.

Athénée Palace Hilton, Bucharest, Romania