

## ICCIR 2010 HOTEL BOOKING FORM

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

|   |  |
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| Reservation Office Poertschach<br>Ms. Petra Graber<br>Hauptstraße 153<br>9210 Poertsch<br>AUSTRIA | Tel: +43 4272 2354<br><br>Fax: +43 4272 3770<br><br>Email: info@poertschach.at |
|---|--|

### Personal Details: (Please type or write in BLOCK letters)

|  |
|--|
| Title: <input type="checkbox"/> Prof. <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. |
| Last Name: _____   |
| First Name: _____  |
| Company / Institute / Hospital: _____  |
| Department: _____  |
| Address: _____   |
| Zip Code: _____ City: _____ Country: _____   |
| Telephone: _____ Fax: _____  |
| Email: _____   |

### HOTEL ACCOMMODATION

|  |  |                 |                                  |
|--|--|-----------------|----------------------------------|
| <b>I herewith make a reservation:</b> (a list of hotels with description and rates can be downloaded from the ICCIR Website) |  |                 |                                  |
| Hotel Name:  | <input type="checkbox"/> <b>Choice 1: Seehotel Dr. Jilly</b> (all prices are include breakfast and all taxes)                              |                 |                                  |
| Room Type:   | <input type="checkbox"/> Single EUR 115 <input type="checkbox"/> Double* EUR 89 <input type="checkbox"/> Other Type, please specify: _____ |                 |                                  |
| Hotel Name:  | <input type="checkbox"/> <b>Choice 2: Hotel Dermuth</b> (all prices are include breakfast and taxes)                                       |                 |                                  |
| Room Type:   | <input type="checkbox"/> Single EUR 59 <input type="checkbox"/> Double* EUR 50 <input type="checkbox"/> Other Type, please specify: _____  |                 |                                  |
| Arrival Date:  | _____ June 2010  | Departure Date: | _____ June 2010    Nights: _____ |
| Special Requirements (non smoking, extra bed, etc.): _____   |  |                 |                                  |
| * I will share my room with (name): _____  |  |                 |                                  |

Please note that the Reservation Office Poertschach will forward all booking requests to the preferred 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.