Pre-Hypertension & Cardio Metabolic Syndrome (PreHT) February 24-27, 2011, Vienna Austria Accommodation Form

| | Autominioa | | | |
|--|---|-----------------------|---------------------------|-------------------------|
| Pre-Hypertension & Cardio Metabolic Syndrome, c/o Paragon Conventions 18, Avenue Louis-Casai, Tel: +41-22-5330-948 , Fax: +41-22-5802-953, 1209 Geneva, Switzerland E-mail: <u>registration@prehypertension.org</u> | | | | |
| ☐ Mr. ☐ Mrs. ☐ Ms. ☐ |] Prof. 🗌 Dr. | | | |
| Family Name (please underline) / First Na | ame, Initials | | | |
| Hospital / Institute / Company | | | | |
| Department | | | | |
| Street, No | | | | |
| P.O. Box | | | City | |
| Country | | State / County (where | e applicable) | |
| E-mail | Telephone | | Fax | |
| Hotel Reservation: All rates are per ro | oom and per night, including breakfas | | | |
| | Hilton Vienna 5* Congress Venue | []€ 155 | []€180 | |
| Date of Arrival: | Novotel Wien City 4* Hotel is located app. 10 min by Underground from | []€ 105 | []€125 | |
| Date of Departure: | conference venue Ibis Wien Mariahilf 3* | | | |
| No. of Nights | Hotel is located app. 10 min by Underground from conference venue | []€65 | []€75 | |
| | | | | Total € |
| The total amount will be paid as follows: | | | | |
| ** Credit Card: Visa Master | | | | V2 Code |
| No L | | | 01 | |
| Name as shown on Card: | P | assport No | | |
| ☐ Bank transfer GRT Bank transfer: Paragon Conventions, U Account Code: PREHYPERTENSION, A IBAN Code: CH73 0024 0240 4592 8487 Bank charges are the responsibility of the Payment via bank transfer is subject to re | ccount no: 0240-459284.87B B, Swift: UBSWCHZH80A, Currency e customer and should be paid at sou | | registration fees. | |
| Hotel Deposit and Cancellation Cancellations or changes must be receive Until 30 days prior to arrival- Full refund le From 29-14 days prior to arrival- 1 night of Cancellation received less than 13 days p In the event of non-arrival, reservation with | ess handling fee of Euro 25. cancellation charge. prior to arrival- no refunds. | | | |
| If you arrive later or leave earlier than on will be made. A deposit of one night char arrival. With your signature you authorize arrival for services ordered. | rge must accompany all requests for | accommodation. Full | payment for hotel must be | completed prior to your |
| · The client's credit card will be automatic | cally charged for the balance of the h | otel accommodation 3 | weeks prior to arrival. | |
| Delegates who paid their deposit via ba arrival | nk transfer are required to send the b | alance of outstanding | accommodation charges | at least 21 days before |

Comments:___

Date: ___