



HOUSING FORM

This form must be completed and returned by fax to +32 2 743 15 84 or by email to: registration@worldofhealthit.org
PLEASE PRINT CLEARLY

A. Company Information

Company Name: _____

First and Last Name: _____

Address: _____

Postal Code: _____ City: _____ Country: _____

Tel: + _____ / _____ / _____ Fax: + _____ / _____ / _____

Email: _____ Company VAT Number: _____

B. Hotel Accommodation

I want to reserve the following rooms at the following hotel:

	Hotels	Single rate	Double rate	Breakfast
	5-Star			
<input type="checkbox"/>	Hilton	€ 195	€ 195	€ 26
<input type="checkbox"/>	Marriott	-	€ 199	€ 24
	4-Star			
<input type="checkbox"/>	Hotel InterContinental	€ 189	€ 209	€ 26
<input type="checkbox"/>	Hotel Arcotel am Kaiserwasser	€ 214	€ 229	incl.
<input type="checkbox"/>	Hotel Park Inn Vienna	€ 153	€ 183	incl.
	3-Star			
<input type="checkbox"/>	Hotel Admiral	€ 93	€ 124	incl.
<input type="checkbox"/>	Hotel am Augarten	€ 96	€ 138	incl.
<input type="checkbox"/>	Hotel beim Theresianum Austria Trend	€ 87	€ 121	incl.
<input type="checkbox"/>	Hotel Messe Wien Austria trend	€ 122	€ 163	incl.
<input type="checkbox"/>	Hotel Ibis Wien Messe	€ 66	€ 81	€ 9
<input type="checkbox"/>	Hotel Mercure Wien Zentrum	€ 131	€ 158	€ 14
<input type="checkbox"/>	Suitehotel Wien Messe	€ 97	€ 97	€ 8
<input type="checkbox"/>	Hotel Kunsthof	€ 104	€ 129	Incl.
<input type="checkbox"/>	Hotel Nordbahn	€ 99	€ 112	incl.
<input type="checkbox"/>	Hotel Wandl	€ 98	€ 150	incl.
	2-Star			
<input type="checkbox"/>	Etap Hotel Wien St. Marx	€ 43	€ 53	€ 5

Please reserve the following:

Single room Double room _____

Date of Arrival: _____ Date of Departure: _____

C. Payment Information

The following credit card can be used to guarantee the reservation:

American Express Visa Mastercard/Eurocard

Credit Card Number: _____ CVC* _____

Expiry Date: _____ Cardholder's Signature: _____

* Card Verification Code: 3 numbers in the signature area.

D. Cancellation / Modification

Please note that your reservation can only be processed if your credit card number is included on this page. All credit cards will be charged by the hotel directly. Each guest will be responsible for his room, breakfast and all incidentals.

Please note that all changes and cancellation can be made via fax (+ 32 2 743 15 84) or email (registration@worldofhealthit.org) to the World of Health IT Registration Team.

All rooms reservation must be received by 14th September. The housing form must include first and last names of the occupant dates, room types and credit card details.

Change and Cancellation Policy:

All changes are subject to the availability and discretion of the hotel. MCI Brussels reserves the right to accept or refuse a change, based on hotel capacity.

In the event that changes are not made in strict compliance with the terms herein, you will be directly and fully responsible to the hotel for any or all fees or charges imposed.

A handling fee of EUR 50 will be charged for every modification made between September 14th and October 6th 2007.

No modification will be accepted after October 6th 2007.

For any cancellation made after 14th September, MCI will charge a total of 100% of the total released room block value.

No show will be charged in full.

Deposit Policy:

First and last night will be charged by the hotel upon receipt of the rooming list and will be posted in your hotel account. This deposit will not be refundable after 6th October 2007.

In the event that cancellations are not made in strict compliance with the terms herein, you will be directly and fully responsible to the hotel for any or all fees or charges imposed.

By signing, I declare that I agree with the MCI Group Benelux SA Housing Procedures

Signature: