ACCOMMODATION BOOKING FORM

CPC 2001 27 - 30 June 2001

DELEGATE DETAILS				
Title: MR / MRS / MISS / DR / OTHER (please specify)			Name:	
Company:				
Address:				
			T	
Postal Code:		Country:		
Daytime Telephone Number:				
Email:				
Fax Number:				
Arrival Date:			Departure Date:	
Time of Arrival: Total No. of Nights:			No. of Adults:	
ACCOMMODATION				
If you have a preference from the allocations please indicate below:				
1 st Choice:			2 nd Choice:	
If you would like alternative accommodation please specify your requirements below:				
	Guest House (price range for basic - 25 – 50 pounds per person per night)			
	Guest House (price range for en-suite - 35 - 80 pounds per person per night)			
	2* Hotel (price range for en-suite - 35 - 65 pounds per person per night)			
	3* Hotel (price range for en-suite - 75 - 90 pounds per person per night)			
If none of your preferences are available alternative accommodation will be booked on your behalf Please indicate your price range				
Minimum per person per night £			Maximum per person per night £	
TYPE & NUMBER OF ROOMS REQUIRED				
Single:		Double:		Twin:
En-Suite Room: YES / NO Sm		Smoking Room: YES / NO		Parking Required: YES / NO
CREDIT CARD PAYMENT				
IMPORTANT : Your credit card number is required to secure the rooms. Payment should be made directly with the hotel or guest house at the time of stay. If you do not have a credit card, please contact the Conference Bureau for further information.				
Credit Card Type: VISA/MASTERCARD/AMEX/DINERS/SWITCH			CH (please specify)	Expiry Date:
Number on Card:				If using SWITCH - Issue No:
Name on Card:				
Home / Postal Address: (If different from above)				
By completing this form I accept the terms and conditions of booking If posting or faxing please sign and date below				
Signature: Date:				

To book your accommodation please complete the booking form and return it to:

Conference Accommodation Reservations
Edinburgh Convention Bureau
4 Rothesay Terrace

4 Rothesay Terrace Edinburgh EH3 7RY