Hotel Registration Form

EP SCP WG #5 November 12th-14th, 2002

1 **guest information**

name

number of people

address

telephone number

fax number

e-mail address

date of arrival

date of departure

To register simply print and fill in this registration form and fax it to the following number:
+31 43 350 91 94

Please make your reservations before the cut-off date of

October 1st, 2002

to insure the reduced group rate.

If you have not received a confirmation within 72 hours of faxing this form, please call the hotel at:
+31 43 350 91 91

If you need assistance in making your reservation, please do not hesitate to contact the hotel:

Crowne Plaza Maastricht
Ruiterij 1
6221 EW Maastricht
The Netherlands
tel +31 43 350 91 91
fax +31 43 350 91 94
cpmaastricht@bilderberg.nl
www.bilderberg.nl

* all room rates including breakfast and VAT, tourist tax of € 2.30 p.p. - p.n. is not included.

2 **room type**

standard room	à € 140 / night *	☐
room with riverside view	à € 162 / night *	☐
executive room	à € 172 / night *	☐
smoking ☐	non-smoking	☐
single room ☐	double room	☐

3 **billing information to be used as a guarantee**

credit card type

card no. expiry date

cardholders name

credit card billing address (if different from above)

cardholders signature date