



# HOTEL RESERVATION FORM

## Ceylan InterContinental Istanbul Hotel

Micronutrient Forum \*\* 16-18 April 2007

<b>To:</b> Reservations Department <b>Attn:</b> Gunfer Irez <b>FAX:</b> (90) 212-231-8462 <b>Email:</b> gunfer_irez@interconti.com.tr	<b>Ceylan InterContinental Istanbul Hotel</b> Asker Ocađı Cad No. 1 Taksim, 34435, Istanbul, Turkey Tel: (90) 212-368-4444
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Carefully complete each section of the form. Send this form with your deposit to the Ceylan InterContinental Istanbul Hotel no later than 15 March 2007 to receive the special conference rate. Confirmation of your reservation will be sent by the hotel. Be sure that your email address is legible for your confirmation.

### PARTICIPANT INFORMATION

<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. First Name:	LAST/FAMILY NAME: <i>(Name as shown on passport. Please use all capital letters, this is the reservation name.)</i>
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Organization/Company:

Mailing Address:

City/State/Postal Code/Country:

Telephone: Fax:

E-mail:

**Accompanying Person**  Mr.  Ms. First Name: Last NAME:

### ACCOMMODATIONS

**Arrival Date:** / / **Departure Date:** / /

<input checked="" type="checkbox"/> choice	Room Type	Single Room (1 person)	Double Room (2 persons)
	Standard Room	USD 182/night	USD 182/night
	Deluxe Room (Bosphorous View)	USD 232/night	USD 232/night
	Club Room	USD 257/night	USD 257/night
	Suite	USD 670/night	USD 670/night

- \* 18% VAT is included (per night, per room). Breakfast is NOT included.
- \* Accommodation bookings will only be accepted with credit card guarantee or first night's deposit.
- \* A one-time per person porter fee/tip of USD \$4.00 will be added to the room account.

Special needs or requests:

### PAYMENT DETAILS

All payments must be made in USD only. Please indicate which form of payment will be used.

<input type="checkbox"/> <b>BANK TRANSFER</b> It is essential that a copy of the bank stamped transfer details must accompany reservation. Bank Name: Garanti Bank Branch Name: Taksim Branch Account No.: USD 9099220 SWIFT No.: TGBATRIS	<input type="checkbox"/> <b>CREDIT CARD</b> Please charge one night's deposit to my credit card: <input type="checkbox"/> VISA <input type="checkbox"/> AMERICAN EXPRESS <input type="checkbox"/> MASTERCARD <input type="checkbox"/> EUROCARD Cardholder's Name: _____
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### CANCELLATIONS AND REFUNDS

- Any reservation request received after 15 March 2007 will be confirmed on space availability at the hotel.
- A cancellation fee equal to the first night's room rate will be charged for all cancellations received after 31 March 2007 or if the room is not occupied on the advised date of arrival.

Credit Card No.: \_\_\_\_\_

Expiry Date: \_\_\_\_\_ Security No.\* \_\_\_\_\_  
*\* Security number must be provided to process payment. The security number is the last 3 digits on the back of the credit card.*

Cardholder's Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Send this form to:** InterContinental Istanbul: Fax + 90 212 231 8462 or gunfer\_irez@interconti.com.tr