



Registration Form
Dia Drug Information Association
Codename “CTD Dossier Requirement” & “PIM”

April 25 – April 28 2010

Family Name: • _____
Given Name: • _____
Accompanying person: _____
Address: _____

Nationality: • _____
Telephone: _____
Fax: • _____
E-mail: • _____

Arrival: • ____ / 04 / 2010
Departure: • ____ / 04 / 2010
Number of rooms: • ____
Superior Single Room • ____ x 150,00 € /room/night
Superior Double Room • ____ x 160,00 € /room/night
Executive Single Room • ____ x 185,00 € /room/night
Executive Double Room • ____ x 210,00 € /room/night
**We hold 25 Superior rooms from 25.-28.04.2010 and 10 Superior rooms from 25.-27.04.2010
in total (bookings on availability)**

Buffet Breakfast • included

CREDITCARD-NUMBER incl. • _____
expiry date _____

Special requests: _____

Booking deadline: 26.01.2010

Please fill in this form in BLOCK LETTERS and send it to the fax-nr. **+43-1-20633-9110**. Free space marked with • must be filled in. After receiving your registration, we will send a written confirmation. Your room booking is only valid after you have received the hotels confirmation. Please note that room reservations only can be accepted with a valid credit card number incl. expiry date. Your reservation can be cancelled until 14 days prior arrival without penalty. Guests who are either a no-show or cancel after 14 days before arrival day, will be charged with 100% of the booking amount for the entire length of stay.

For further informations, please find enclosed our detailed infosheet or contact us:

Nadine Schröfl
Reservations

Tel.: +43-1-20633-9102 **Fax:** +43-20633-9110

E-Mail: reservierung.savoyen@austria-trend.at