



Accommodation Booking Form

To reserve accommodation, kindly complete this form and email or fax to the Organizing Secretariat.
 Please contact the Organizing Secretariat for Groups Reservation. | Email: euga@defoe.it, Tel: +39 0523 338391, Fax: +39 0523 1860018

INDIVIDUAL REQUEST – DELEGATE INFORMATION (all data required)

Last Name/Family Name	First Name	Title: Prof/Dr/Ms/Mrs./Mr.	Nationality	Invitation Letter Required
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Accompanying Persons

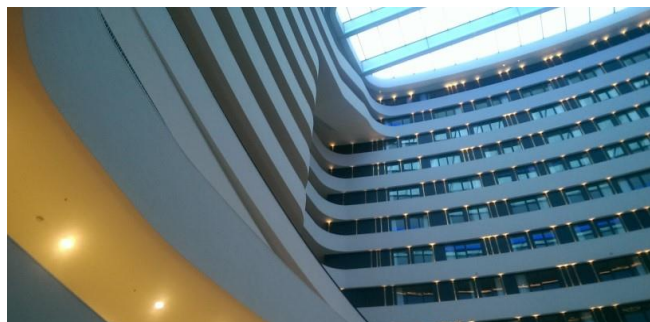
RESERVATION UP TO 10 ROOMS – CONTACT PERSON (all data required)

Last Name/Family Name	First Name	Title: Prof/Dr/Ms/Mrs./Mr.	Nationality	Invitation Letter Required
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Do you agree that your name and email address can be given to sponsors of the congress	YES:		NO:	
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Institution Name				
Institution VAT Number				
Department				
Contact Person's Name				
Postal Address				
City		State		Post/Zip Code
Country		Phone		Mobile
Tick as required: This is my:	Private Address		Institution Address	
Email Address				Fax

ACCOMMODATION



New Hilton Amsterdam Schiphol – Conference Venue
 7-min walk from the terminal via a covered walkway
€ 209/night*



CitizenM Schiphol Airport
 7-min walking distance from New Hilton Amsterdam Schiphol
€ 146/night*



Sheraton Amsterdam Airport Hotel
 4-min walk from New Hilton Amsterdam Schiphol
€ 199/night*



Ibis budget Amsterdam Airport
 5 km from Conference Venue – free shuttle for the airport available
€ 63/night*



9th EUGA Annual Congress

Leading lights in Urogynecology
03 – 05 November 2016, Hilton Amsterdam Airport Schiphol



<p>The above agreed rates are in euros and they are valid per room, per night including 6% VAT and breakfast, however excluding 6% city tax per night. The rates do not include the Agency Fee (5 €/room). The rates are based on single occupancy and supplement will apply in case of Double occupancy (please contact the Organizing Secretariat). Please indicate your choice of hotel in the box below. The cancellation policies may vary depending on the selected Hotel. The Organising Secretariat will send you more details according to your choice.</p>									
1st Choice									
2nd Choice									
Arrival Date				Departure Date				No. of Rooms (up to 10)	
Room Type Required	Single		Double		Other (Specify)				
Name of Person with whom you are sharing the room									
Special Dietary Requests e.g. Vegetarian Meal, etc. (for breakfast)									
Other Special Requests e.g. Non Smoking Room, Physically Disabled etc.									
Payment will be made upon the room availability is confirmed by the organization.									
TOTAL AMOUNT PAYABLE: Use this section to summarize your requirements and calculate the total of your payments due									
Sections					Sub Totals			EUR Amount	
								EUR	
					TOTAL			EUR	
PAYMENT DETAILS									
Credit Card		Please complete the following authorization for Congress Organizers to debit your credit card.							
I, the undersigned, do hereby authorize DEFOE, as the EUGA 2016 PCO, to debit my credit Card for the following amounts: (please fax a copy of the front and back of the credit card to DEFOE, if the registered participant is not the cardholder)									
Credit Card Type X		Mastercard		Visa		Amex			
Credit Card Number						Expiry Date			
Cardholder's Name						3 Digit no. on reverse side where applicable			
*For Bank Transfers please contact the Organizing Secretariat at euga@defoe.it									

Use of personal data - I hereby authorize the use of my personal data in compliance with International Regulations on data privacy.

Cardholder's Signature		Date of Signature	
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