

## RESERVATION FORM

### '10<sup>th</sup> European Deaf Bowling Championships 2014'

Please return the filled in form by latest **12. Februar 2014** to  
**reservation02@senator-hotel.eu** or **+43 1 60580555**

*Surname / First Name				
*Telephone / Fax / Email				
Address				
City / Country				
*Date of Arrival	Day ___ / Month ___ / Year _____			
*Date of Departure	Day ___ / Month ___ / Year _____			
Room Type	Single room (1 Person) <input type="checkbox"/> € 74,00	Requests / Additional Information:		
	Double room (2 Persons) <input type="checkbox"/> € 89,00			
	Triple room (3 Persons) <input type="checkbox"/> € 109,00			
Corporate Address:				
*Credit Card for Guarantee	Amex <input type="checkbox"/>	Diners <input type="checkbox"/>	Master <input type="checkbox"/>	Visa <input type="checkbox"/>
*Credit Card Details	____/____/____/____	Exp. Date	__/__	
*Credit Card in name of				
*Signature				

\*obligatory

All above mentioned rates are net in Euro, per room per night including buffet breakfast, VAT and local tax.

A free of charge cancellation is possible until 30 days prior to arrival. Please be advised that for cancellations later than 30 days prior arrival, a cancellation fee will apply.

We look forward to welcome you as our guest at the SENATOR Hotel Vienna and are at your assistance at all times.

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#### Confirmation Hotel

We hereby confirm the receipt of your booking and gladly confirm your reservation with the following reference number: \_\_\_\_\_

With best regards  
Senator Hotel Vienna