

MR/MRS





THISTLE CHARING CROSS HOTEL LONDON, NOVEMBER 19TH – 21ST 2003

FIRST	NAME		NAME		
ADDRI	ESS				
ZIP CO	DDE	CITY		COUNTRY	
TELEP	HONE		FAX		
EMAIL	.:				
	HOTEL AC	<u>COMMOD</u>	ATION FAX	REGISTRATION FORM lline for reservation Novembo	
TICK TICK		OTEL	and taxes), Deac	Inne for reservation Novembo	ei 10 . 200
Str tel:	IISTLE CHARING CF rand, London WC2N : : +44 (0)207 747 841: x +44 (0)207 839 668:	5HX, United I 8		£ 160.00	
Reservation	n needed of	room /	s sin	gle/s double /s	
Arrival dat	te	Departu	re date		
Estimated ' n order to	Time of Arrival: ensure your room i	reservation a	a one night dep	posit will be required: £	
ГОТАL	PAYMENT £_		DU I	E	
PAYMEN Credit Card					
		TERCARD	\square AMEX	□ DINERS CLUB	
0			_Expiry date		
SIGNATUF	RE		PRINT SIGN	NATURE	
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