



**THE SAVOY
HOTEL
LONDON, NOVEMBER 19TH – 21ST 2003**

MR/MRS

FIRST NAME _____ NAME _____

ADDRESS _____

ZIP CODE _____ CITY _____ COUNTRY _____

TELEPHONE _____ FAX _____

EMAIL: _____

HOTEL ACCOMMODATION FAX REGISTRATION FORM

(Price are per room and night including breakfast and taxes), **Deadline for reservation November 10th. 2003**

TICK	HOTEL	
[]	THE SAVOY The Strand London, WC2 R0EU, United Kingdom tel: +44 (0)20 7836 4343 fax 44 (0)20 7240 6040	£ 199.00

Reservation needed of _____ room / s ___ single/s ___ double /s

Arrival date _____ Departure date _____

Estimated Time of Arrival: _____

In order to ensure your room reservation a one night deposit will be required: **£** _____

TOTAL PAYMENT £ _____ DUE

PAYMENT BY

Credit Card:

VISA EURO/MASTERCARD AMEX DINERS CLUB

n° _____ Expiry date _____ / _____

SIGNATURE

PRINT SIGNATURE

Date _____