



**STRAND PALACE
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	SINGLE	DOUBLE
[]	STRAND PALACE HOTEL 372 Strand London WC2R0JJ United Kingdom tel:+ +44 (0)20 7379 473 fax +44 (0)20 7257 9402 http://www.strandpalacehotel.co.uk/	£ 80.00	£ 90.00

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 _____