



**Hotel Booking Form
MFCS 2014**

**39th International Symposium on Mathematical Foundations of Computer Science
24-29 August 2014**

Please return to **Mercure Budapest City Center:**
H6565-re2@accor.com H-1052 Budapest, Hungary, Váci utca 20.
Tel:+36 1 485-3164 or Fax: 36 1 485-3111

Contact: **Dorottya Frey**

no later than 20 July 2014. Reservations will be confirmed within 24 hours of receipt.
After **20 July 2014** the hotel reserves the right to confirm bookings subject to availability.

Please mark with an X which room type you wish to reserve.
Room rates include the buffet breakfast, VAT and 3 % City tax.

| | | |
|--------------------------------|-----------------------------|--------------------------|
| Standard room single occupancy | 69 EUR ,-/room/night | <input type="checkbox"/> |
| Standard room double occupancy | 79 EUR,-/room/night | <input type="checkbox"/> |
| Smoking Room | Non smoking Room | <input type="checkbox"/> |

| | | | |
|---------------|----------------------|-----------------|----------------------|
| Arrival date: | <input type="text"/> | Departure date: | <input type="text"/> |
| Last name: | <input type="text"/> | First name: | <input type="text"/> |
| Phone: | <input type="text"/> | Country: | <input type="text"/> |
| Fax: | <input type="text"/> | E-mail: | <input type="text"/> |

Payment for accommodation should be made directly to the hotel. In order to guarantee your room reservation please provide the following credit card information. Without these details we cannot accept and confirm the reservation.

| | | |
|--|----------------------|----------------------|
| Credit card type: (Visa, Amex, Mastercard, JCB accepted) | Number: | Expiry date: |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

I agree that in case of **no show** the cost of 1 night will be charged - unless notice of **cancellation** is communicated **48 hours** prior to arrival.

| | | |
|----------------------|----------------------|--------------------------|
| Date: | Print Full Name: | Signature/Authorization: |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |