



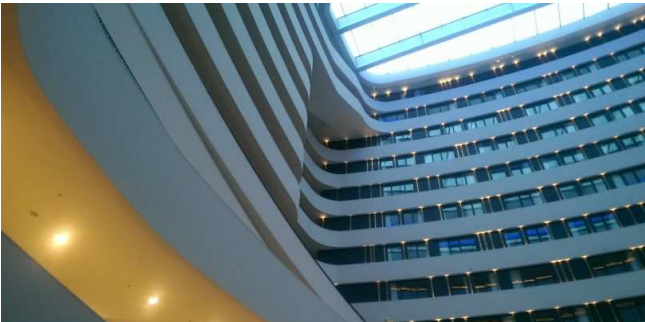

9th EUGA Annual Congress

Leading lights in Urogynecology

03 – 05 November 2016, Hilton Amsterdam Airport Schiphol



Accommodation Booking Form				
To reserve accommodation, kindly complete this form and email or fax to the Organizing Secretariat. Please contact the Organizing Secretariat for Groups Reservation. Email: euga@defoe.it , Tel: +39 0523 338391, Fax:+39 0523 1860018				
INDIVIDUAL REQUEST – DELEGATE INFORMATION (all data required)				
Last Name/Family Name	First Name	Title: Prof/Dr/Ms/Mrs./Mr.	Nationality	Invitation Letter Required
Accompanying Persons				
RESERVATION UP TO 10 ROOMS – CONTACT PERSON (all data required)				
Last Name/Family Name	First Name	Title: Prof/Dr/Ms/Mrs./Mr.	Nationality	Invitation Letter Required
Do you agree that your name and email address can be given to sponsors of the congress			YES:	NO:
Institution Name				
Institution VAT Number				
Department				
Contact Person's Name				
Postal Address				
City		State		Post/Zip Code
Country		Phone		Mobile
Tick as required: This is my:		Private Address	Institution Address	
Email Address			Fax	

ACCOMMODATION				
 <p>New Hilton Amsterdam Schiphol – Conference Venue 7-min walk from the terminal via a covered walkway € 209/night*</p>		 <p>CitizenM Schiphol Airport 7 minutes walking distance from New Hilton Amsterdam Schiphol € 146/night*</p>		
The above agreed rates are in euros and they are valid per room, per night including 6% VAT and breakfast, however excluding 6% city tax per night. The rates do not include the Agency Fee (10 €/room). The rates are based on single occupancy and supplement will apply in case of Double occupancy of € 15,00. Please indicate your choice of hotel in the box below. The cancellation policies may vary depending on the selected Hotel. The Organising Secretariat will send you more details according to your choice.				
1st Choice				
2nd Choice				
Arrival Date		Departure Date		No. of Rooms (up to 10)



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Room Type Required	Single		Double			Other (Specify)	
Name of Person with whom you are sharing the room							
Special Dietary Requests e.g. Vegetarian Meal, etc. (for breakfast)							
Other Special Requests e.g. Non Smoking Room, Physically Disabled etc.							
Payment will be made upon the room availability is confirmed by the organization.							
TOTAL AMOUNT PAYABLE: Use this section to summarize your requirements and calculate the total of your payments due							
Sections					Sub Totals		EUR Amount
							EUR
					TOTAL		EUR
PAYMENT DETAILS							
Credit Card	Please complete the following authorization for Congress Organizers to debit your credit card.						
I, the undersigned, do hereby authorize DEFOE, as the EUGA 2016 PCO, to debit my credit Card for the following amounts: (please fax a copy of the front and back of the credit card to DEFOE, if the registered participant is not the cardholder)							
Credit Card Type X	Mastercard		Visa		Amex		
Credit Card Number					Expiry Date		
Cardholder's Name					3 Digit no. on reverse side where applicable		
*For Bank Transfers please contact the Organizing Secretariat at euga@defoe.it							

Use of personal data - I hereby authorize the use of my personal data in compliance with International Regulations on data privacy.

Cardholder's Signature		Date of Signature	
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