



**Form for Announcing
Room contingent**

„edaForum08“

Period: Wednesday, 10th to Friday, 12th. December 2008

Deadline: 10th. October 2008

return to: + 49 351 86 42 889

(fully constant address, if deviating note bill-to-address please separately)

Company	
Name and surname	
Adress	
Postal code and city	
Tel. - and fax number	

I order hereby obligatorily:

Arrival: _____

Departure: _____

_____ **Single room classic** á **EUR 195,00** per room/ night included breakfast

_____ **Double room classic** á **EUR 220,00** per room/ night included breakfast

Request: ☐ Smoker ☐ Non smoker

Please be advised that your reservation is so far confirmed and if you would like to guarantee your reservation, please be so kind to complete the attached form, sign and return this by fax only at your earliest convenience (Fax No +49 351 8642889).

Date, Place

Firm stamp, signature

The guaranteed reservation will be held overnight an in case of non arrival or late cancellation the stay will be charged (90% of entire stay). Cancellation deadline free of charge possible 7 days prior to arrival date.

Authentication of the hotel:

Indicated reservation we made those above.

Reservation number: _____

Dresden,

Firm stamp, signature

Hilton Dresden

An der Frauenkirche 5, 01067 Dresden, Germany

Tel. +49 (0) 351 8642-0, Fax +49 (0) 351 8642 725

E-Mail: info.dresden@hilton.com

Hilton Reservations Worldwide: 00 800-444 58 667

hilton.de

Elba Dresden Operating GmbH
Amtsgericht Frankfurt am Main HRB 80483
V.A.T. ID NO DE25598407, Steuernummer 045/232/13020
Geschäftsführer: Christoph Munte, Insa von Jürgensonn
IBAN: DE 92 8707 0000 0516 4900 00, BIC (Swift-Code): DEUTDE33XXX
Deutsche Bank AG Dresden (BLZ 870 700 00), Konto-Nr. 5164900



Credit Card Payment Authorization Form

Please complete all areas below. Incomplete requests may be rejected. This form must be received at least 5 business days prior to the Check-In, or by specified date in Event Contract, to ensure acceptance of the credit card to be charged.

Do not send completed form by email.

FAX COMPLETED FORM TO: +49 (0) 351 8642 889 ATTN: Heike Petters

HOTEL USE ONLY:		
Authorized Amount:	Approval Code:	Date:

Please complete the following section and sign/date below.

Guest / Group Name:		Check-In / Event Date:	
Name of Person/Group Making Reservation:		Phone:	
Cardholder Name as it appears on Credit Card:			
Credit Card Number:			
Expiration Date:			
Credit Card Type: (Please circle)	Visa/MasterCard Discover	American Express JCB	Diners Club
Cardholder Billing Address: (Street, City, Postcode, State)			
Daytime /Business Telephone:		Evening Telephone:	
Credit Card Issuing Bank Name:		Bank Phone Number (from back of your credit card):	

I agree to cover the following categories of charges: (Please circle)

☐ All Charges

☐ Room & Tax

☐ Food & Beverage

☐ Retail
☐ Recreation

I agree to cover the above categories of charges up to a Maximum Amount of € _____

DIRECT BILL ACCOUNT PAYMENTS ONLY:
(For direct billing customers paying by credit card)

Name on Invoice/Statement:
Invoice/Statement Number:

Date on Invoice/Statement:
Authorized Amount: €

Note: Charges for room and tax, group deposits or direct bill account payments will be charged to your credit card immediately. Any incidental charges circled above will be charged at the time of checkout.

Amount to be immediately charged to credit card for room and taxes or deposit: €_____

HOTEL USE ONLY:

Final Balance Billed to Credit Card: €

By signing below, you authorize the hotel to charge your credit card immediately for the amount indicated above, up to the "Maximum Amount" indicated above. You further acknowledge that if "all charges" has been selected, then all guest/group related charges (less Deposit) will be charged to the above card number at the time of checkout or event conclusion.

Cardholder Signature:

Date: