

ACCOMMODATION RESERVATION FORM**Person Details**

First name _____ Family name _____

Address _____

Postal code _____ City _____

Country _____

Phone _____ Fax _____

Email _____

Accompanying person details (room share, max 3 persons in the same room)

Number of accompanying persons _____

First name _____ Family name _____

First name _____ Family name _____

 Please contact me for a group reservation (min 11 persons)**Room reservation** (please choose only one hotel and room type)

(when choosing a double room accompanying person details must be filled in)

Arrival date ___/___ 20___ Departure date ___/___ 20___ Total number of nights _____

Sokos Hotel Hamburger Börs, Kauppiaskatu 6, 20100 TURKU, Finland

- | | |
|---|---|
| <input type="checkbox"/> Single room (standard) | 100 EUR /room/night |
| <input type="checkbox"/> Double room (standard) | 110 EUR/room/night |
| <input type="checkbox"/> offer me a superior room | +20 EUR supplement to standard room price
/night/room |
| <input type="checkbox"/> offer me a Junior Suite | +50 EUR supplement to standard room price
/night/room |

Sokos Hotel City Börs, Eerikinkatu 11, 20100 Turku, Finland

- | | |
|---|--------------------------|
| <input type="checkbox"/> Single room (standard) | 77 EUR/room/night |
| <input type="checkbox"/> Double room (standard) | 92 EUR/room/night |

Room rates are special rates for CDIO 2009. Rates include VAT 8%, buffet breakfast and also a possibility for a swim and sauna at Sokos Hotel Hamburger Börs.

HOTEL CONFIRMATION

Hereby we confirm your reservation above. Your booking number is _____

Turku ___ / ___ 20___ _____

All changes and cancellations must be done directly to the hotel by email
sales.turku@sokoshotels.fi or by fax. +358 (0)2 231 1010.

Payment and cancellation (Please indicate your means of payments) **Bank Account**

Name of account holder	TOK Liiketoiminta Oy
Bank name	Sampo Bank plc
Bank address	HELSINKI FINLAND
SWIFT Address	PSP BfiHH, FI6780001101441930
Bank account number	800011-1441930

We kindly ask you not to send any cheques. **Please notice, no separate invoice will be sent.**
Please notice to add all additional costs to the room rate to cover possible transfer charges.
Please note this payment must be done when reservation is made or latest 28th August 2009.

 Credit Card payment

We hereby allow TOK Liiketoiminta Oy in Finland to charge the following credit card:

Visa Eurocard Mastercard Diners Amex

Card Owner (company etc) _____

Card Holder (individual) _____

Card Number _____

Expiration date _____

Card Verifiation value (CVV-code) _____ (3 last digits on the back side of the card)

Total Amount EUR _____

Booking number _____

Picture of both sides of the credit card must be enclosed with this reservation form.

If we receive your written cancellation latest 6th September 2009, no cancellation fee will be applied.

If we receive your written cancellation 7th September - 20th September 2009, we will refund 50% of the total value of this reservation.

In case of no shows and cancellations received after 20th September 2009 there will be no refunds. Exceptions include cases of illness and force majeure and will be negotiated separately.

By returning information on this reservation form I declare that I have read and accepted payment and cancellation terms.

Date ___/___ 20___ Signature and clarification _____

**PLEASE RETURN THIS RESERVATION FORM LATEST 28th August 2009 BY FAX TO
Sokos Hotels, Turku / Sales Service Centre, FAX +358 (0)2 231 1010**

For further information, please don't hesitate to contact us.

**Sokos Hotels, Turku (TOK Liiketoiminta Oy)
Sales Service Centre, Turku, PO BOX 186, 20101 TURKU
Tel. +358 (0)2 337 3800 Fax. +358 (0)2 231 1010 Email sales.turku@sokoshotels.fi**