

# Euro Heart Imaging Basel 2009

## Cardiovascular Multimodality Imaging for Clinical Decision Making

Fields marked in red can be completed electronically!

*Hotel Hilton, Basel, Switzerland October 22-23, 2009*

### Hotel Reservation Form (one form per room)

Mr     Mrs     Prof.     PD     Dr    To be returned before **September 17, 2009** to:

Family name (please underline) / First name, initial(s)

\_\_\_\_\_

Accompanying person

\_\_\_\_\_

Hospital / Institute / Company

\_\_\_\_\_

Department

\_\_\_\_\_

Street, No.

\_\_\_\_\_

P.O. Box

Postal code / Zip code

City

\_\_\_\_\_

Country

State/County (where applicable)

E-mail

\_\_\_\_\_

Telephone business

Fax

Telephone home

\_\_\_\_\_

Date of arrival: \_\_\_\_\_ Estimated time of arrival: \_\_\_\_\_

Date of departure: \_\_\_\_\_ Number of nights: \_\_\_\_\_

Arrival by     car     train     airplane

Hotels	Single room	Double room
Hotel Hilton *****	<input type="checkbox"/> € 205	<input type="checkbox"/> € 230
Hotel Schweizerhof ***	<input type="checkbox"/> € 145	<input type="checkbox"/> € 180

All rates are per room and per night, including breakfast, service, taxes and Mobility Ticket.

#### Reservation

For your booking, please complete this hotel reservation form and return it to Congrex Travel, Basel, not later than **September 17, 2009**. Requests will be accepted thereafter, however, hotel accommodation is subject to availability and cannot be guaranteed. **After this deadline, bookings are only possible against full payment by credit card, and an extra handling fee of € 30 will be charged.**

#### Payment Policy

To guarantee your reservation a deposit of € 150 is required. Please include either a copy of your bank transfer to our account at UBS AG, or provide a credit card that we shall debit. Upon receipt of the deposit, each participant will receive a final confirmation with an invoice. **Full payment has to be made to Congrex Travel by September 17, 2009.** Do not send any payment to the hotel.

#### Please indicate form of payment for the deposit:

Bank transfer – free of charge for recipient – to the account of Congrex Travel at UBS AG, CH-4002 Basel

Account No. 595.400.60G, Clearing code 233, IBAN Euro No. CH95 0023 3233 5954 0060G, Swift code UBSWCHZH80A

Visa     Mastercard     American Express

CVV2 Code \_\_\_\_\_  
(Visa/Mastercard, last 3 digits in the signature field of your card)

CVV2 Code \_\_\_\_\_  
(American Express, last 4 digits on the front of your credit card on the right hand side)

No. \_\_\_\_\_ Exp. date \_\_\_\_\_ Cardholder's name: \_\_\_\_\_

All room charges must be prepaid to Congrex Travel. However, when checking out, all extras (mini-bar, telephone charges, room service, etc.) must be settled with the hotel directly.

#### Cancellation Policy

If your hotel reservation is cancelled before **September 17, 2009**, the deposit will be refunded less € 60 handling fee. If your reservation is cancelled after **September 17, 2009**, or if you arrive later or leave earlier than on the dates indicated on your reservation form, the total accommodation amount will be charged and no refunds can be made.

Any change of reservation will be subject to a handling fee of € 30. Changes or cancellations have to be made in writing to Congrex Travel, Basel. Please do not contact the hotel directly.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

The participant acknowledges that he/she has no right to lodge damage claims against the organisers should the holding of the conference be hindered or prevented by unexpected political or economic events or generally by force majeure, or should the non-appearance of speakers or other reasons necessitate programme changes. With reservation, the participant accepts this proviso.