

ACCOMMODATION FORM

SZUSICON 2009

Name: _____

Mailing Address: _____

City _____ State _____ Country _____ Pin _____

Residence Address: _____

City _____ State _____ Country _____ Pin _____

Telephone: (ol) _____ (P) _____

(H) _____ (Fax) _____

Email: _____

Preferred Hotel (according to priority)

Hotel 1. _____ 2. _____ 3. _____

Type of Room: Single Double

Payment details

Cheque DD

DD# : _____ Total Amount _____

Drawn at (Bank) : _____ Date: _____

_____ Date

_____ Sign

Note:

- * For us to process your reservation request a non-refundable one room night deposit (for each room required) for the hotel of the highest rate value of your choice is required. Please see choice of Hotels given.
- * A confirmation statement of your booking will be sent to you via email, fax or post within 1 week of receiving your request stating the deposit paid and the remaining amount due.
- * For further information kindly contact Mr. Ramachandran .K. At 901 9649637574 or email us : hallmarkeventscbe@gmail.com

Please send this Accommodation form via mail or fax to **02-42274 0000** Conference Managers
Hallmark Events - No. 30, 1st Floor, G.K.S. Nagar, Papanasaram Palayam, Coimbatore - 57
Ph : 0422 4287795.