

HOTEL RESERVATION FORM
INFORMAL MINISTERIAL MEETING
OF NATO DEFENCE MINISTERS
30 September - 2 October 1997
MAASTRICHT EXHIBITION & CONGRESS CENTRE

Please fill in this form (one room per reservation) and return before
23 August to:

Maastricht Exhibition & Congress Centre

MECC Hotel Service

P.O. Box 1630

NL - 6201 BP MAASTRICHT

Telephone: +31 - (0)43 -3 83 83 83

Telefax : +31 - (0)43 -3 83 83 00

Personalialia (please print)

Mr./Mrs./Ms. (Surname): _____ Initials: _____

Company/ : _____

Organisation : _____

Mailing Address : _____

City : _____ Postal Code: _____

Country : _____ Telex: _____

Telephone : _____ Fax: _____

Hotel rooms

Date of arrival : _____ day _____ September/October 1997 _____ hour

Date of departure : _____ day _____ September/October 1997 _____ hour

☐ single room

☐ double room

All rooms are equipped with shower or bath and toilet.

Daily room rate, tourist tax included.

Hotel (free shuttle)	Price (Dfl.) Single room	Price (Dfl.) Double room	Breakfast p.p.(Dfl.)	Location
Hotel du Casque	239.00	268.00	incl.	centre
Hotel de L'Empereur	204.00	208.00	20.00	centre
Hotel Beaumont	179.00	203.00	17.50	centre
Hotel d'Orangerie	128.40	171.80	17.50	centre
Hotel Bergère	155.90	166.80	15.00	centre
Hotel Pauw	141.50	178.00	17.50	centre
Hotel le Roi	133.40	161.80	12.50	centre

*THE ORGANISATION OFFERS YOU BY THE ABOVE MENTIONED HOTELS A FREE SHUTTLE FROM
AND TO THE MECC, BUT THIS DOESN'T APPLY TO THE HOTELS MENTIONED BELOW!

ROOMS IN THE HOTELS BELOW CAN ONLY BE BOOKED IF STILL AVAILABLE.

Hotel(without shuttle)	Price (Dfl.) Single room	Price (Dfl.) Double room	Breakfast p.p.(Dfl.)	Location
In den Hoof	143.40	176.80	incl.	outskirts
Vaeshartelt	125.00	175.00	incl.	outskirts
Botticelli	203.40	226.70	incl.	centre
Limburgia	105.00	135.00	incl.	Belgium, 5km.
Eurotel	133.00	178.00	incl.	Belgium, 7km.
Dousberg	82.50	97.50	12.50	outskirts

Hotel 1st choice: _____

Hotel 2nd choice: _____

Remarks : _____

**ATTENTION : RESERVE YOUR ROOM DEFINITIVE BEFORE 23 AUGUST 1997, BECAUSE AFTER
THIS DATE WE CAN'T GARANTEE YOU ANY ROOMS.**

Hotel deposit

One of the following guarantees is required.

- 0 **Swift transfer:** Payment of Dfl. 220.00 to bank account number: 57.55.85.692 of the ABN/AMRO bank (Maastricht), the Netherlands, in the name of MECC Hotel Service. Should you use giro transfer, specify the giro number of the ABN/AMRO bank (105.00.85). Please mention the above account number clearly. **Note: please include name participant, address and reference code: NATO 97**
- 0 (Euro)cheque for Dfl. 220.00 made payable to MECC Hotel Service. **Please indicate your card number, name, address and reference code: NATO 97 clearly on cheques.** Eurocheque: max. Dfl. 300.00 per cheque. **Personal cheques cannot be accepted.**
- 0 Credit card guarantee. The credit card will only be charged in case of cancellation or in case of no show. In case of no-show the hotel is authorized to charge a max. of Dfl. 220.00 on the credit card. Please include the following information:

0 Amex 0 Eurocard 0 Visa 0 Diners
0 company card 0 private card

In the name of : _____
 Company name : _____
 Mr./Mrs./Ms. (Surname) : _____

Card number :

Expiry Date : month year Signature card holder:

.....

Payment may only be in Dutch guilders, free of bank charges. **In the event of bank charges Dfl. 20.00 will be deducted from your hotel deposit.** After receipt of your guarantee you will receive confirmation of the hotel reservation.

Cancellation

Written confirmation of your cancellation should be sent to MECC Hotel Service. If you cancel your reservation before 28 August 1997 we will charge a Dfl. 50.00 administration fee per room. If you cancel your reservation on or after 28 August 1997 the whole deposit (Dfl. 220.00) may be charged. **The date of receipt of your written confirmation at MECC Hotel Service will be considered as the date of cancellation.**

Refunds will be dealt with after the conference.

Date: _____ Signature: _____



**NATO DEFENCE MINISTERS MEETING,
MAASTRICHT - THE NETHERLANDS - 1 - 2 OCTOBER 1997**

REQUEST FOR ACCREDITATION

Note : - Please type or use block letters

Family Name : ☐ Male ☐ Female

First Name :

Date of Birth : Day/Month...../Year...../Place.....

Address :

Phone No. prior to meetings : Fax No. prior to meetings :

Nationality :

Passport No. : Issued by :

Press Card No. : Issued by :

(Tick where appropriate)

<input type="checkbox"/> News Agency	<input type="checkbox"/> Television
<input type="checkbox"/> Newspaper	<input type="checkbox"/> Radio
<input type="checkbox"/> Magazine	<input type="checkbox"/> Photo Agency

(Tick where appropriate)

<input type="checkbox"/> Journalist	<input type="checkbox"/> Photographer
<input type="checkbox"/> Producer	<input type="checkbox"/> Technician
<input type="checkbox"/> Cameraman	<input type="checkbox"/> Other :

Name of Media Organization :

Home Country of Media Organization :

I agree to the above mentioned data being stored and used in connection with my accreditation.

Date : 1997 Signature :

PLEASE RETURN BEFORE 15 SEPTEMBER 1997

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