

**Thematic LEONARDO DA VINCI Contact Seminar
Transparency, Recognition and Quality in Vocational Training**

April, 28th – 29th 2003

IN CASE YOU NEED ACCOMODATION PLEASE COMPLETE THIS FORM

Form to be sent directly to the hotel !!!

First name: _____ **Surname:** _____

Contact Info (include country code): Tel: _____ **Fax:** _____

Address: _____

Accommodation

**Crowne Plaza Vienna
Wagramer Strasse 21
A-1220 Wien
Tel: 0043 1 260 20 8112
Fax: 0043 1 260 20 8128**

You are responsible to pay for your own hotel room and incidentals

single room EUR 135,-- excluding breakfast

double room EUR 155,-- excluding breakfast

EUR 17,50 for the breakfast per person

smoking

non-smoking

Other requirements: _____

Passport No: _____ **Citizenship:** _____ **Birthday:** _____

Credit Card Details:

AMEX / VISA / MASTERCARD No: _____ **Expiry Date:** _____

Flight details & Transportation:

Arrival Date: _____ **Airline/Flight #:** _____ **Arrival Time:** _____

Departure Date: _____ **Airline/Flight #** _____ **Departure Time:** _____

The car ride is approximately 20 minutes from airport to hotel. Should you require a limousine pick-up from the airport at the special rate of EUR 30,00, please kindly let us know the flight number and arrival time as well as the billing instruction for it.

Please complete and return this form as soon as possible:

**Attn: Nina Watzenig
Crowne Plaza Vienna
Fax: 0043 1 260 20 8128
e-mail: nina.watzenig@6c.com**

* Please note that a cancellation fee will be charged to your credit card in case of cancellation or non-arrival.