

**RESERVATION FORM – 49th ICBDSR Annual Meeting, November 5th – 8th, 2023
(deadline 15th September, 2023)**

Name _____

Please tick your option:

- 1 Single Deluxe Seaview room - **€542.50** (includes 3 nights 5th – 8th Nov 2023 on BB (at €125 per night) and Registration fee (Meeting Venue and materials, 4 coffee breaks, 2 lunches, 1 dinner) at €167.50 per person.
- 1 Double/Twin Seaview room (Both delegates attending meeting) - **€370 per person** (includes 3 nights 5th – 8th Nov 2023 on BB (at €67.50 per night per person) and Registration Fee (Meeting venue and materials, 4 coffee breaks, 2 lunches, 1 dinner at €167.50 per person). **N.B.** In this case Two (2) Reservation forms will need to be completed – one for each meeting Delegate.
- 1 Double/Twin Seaview room (one attending meeting + guest not attending meeting) - **€ 604.00 in total** (includes 3 nights 5th – 8th Nov 2023 on BB (at €135.00 per night), Registration Fee €167.50 for 1 person (Meeting venue and materials, 4 coffee breaks, 2 lunches, 1 dinner) and 1 dinner for guest (€31.50).

Name of 2nd guest (for Double / Twin rooms) _____

Extra nights subject to availability (dates) _____

(at €125.00 BB for single Deluxe Room and €135.00- BB for Double / Twin room)

Non-refundable payment of total amount will be charged to your credit card by latest **01/10/2023**.

One Time Credit Card Payment Authorization Form

Sign and complete this form to authorize **Prestige Travel Marketing Ltd** to make a one-time debit to your credit card listed below.

By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

Please complete the information below:

I (full name) _____ authorize **Prestige Travel Marketing Ltd** to charge my credit card account indicated below for the total amount Euro _____ on (date) _____ (latest 01.10.23). This non-refundable payment is for reservations and services as indicated above.

Please note that the services are based on ICBDSR's group contract and the conference schedule defined by ICBDSR

Billing Address _____ Phone# _____

City, State, Zip _____ Email _____

Account Type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX
Cardholder Name _____
Account Number _____
Expiration Date _____

SIGNATURE _____ DATE _____

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

Please complete and sign this form and email to : reservations@cavalierihotel.com