



International Society of Nephrology – reservation number S 31435

SYMPOSIUM “PREVENTION OF PROGRESSIVE RENAL FAILURE: ITS GLOBAL IMPACT”

13 NOVEMBER 2004 – 14 NOVEMBER 2004
ROYAL NETHERLANDS ACADEMY OF ARTS AND SCIENCE
AMSTERDAM, THE NETHERLANDS

NH SCHILLER HOTEL RESERVATION FORM

THIS FORM MUST BE FULLY COMPLETED AND RETURNED to the NH Schiller hotel, either by fax to +31-20-6266831 or by mail to NH Schiller Hotel, Rembrandtplein 26-36, 1017 CV Amsterdam.

RESERVATION INFORMATION

Hotel reservations must be made with this official Hotel Reservation Form. Reduced rates are subject to availability. Hotel bookings **must** be guaranteed by credit card. Reservation requests without such guarantee will not be processed. All room blocks will be released after **12 October 2004**. Reservations received after this date cannot be processed. We therefore advise you to book early.

PERSONAL INFORMATION

Tick one: Dr. Professor Mr. Ms. Mrs.
Last name: _____ First name: _____
Name of Institute/Company: _____ Title: _____
Address: _____
City: _____ Country: _____ Zip/Postal Code: _____
Tel: _____ Fax: _____
E-mail: _____

HOTEL INFORMATION

	ROOM RATE	ARRIVAL	DEPARTURE	Single	Double for Single use
NH Schiller Hotel	€ 130*	/11/04	/11/04	<input type="checkbox"/>	<input type="checkbox"/>

* Rates include breakfast and 5% city tax.

Smoking Room Non-Smoking room
 Special Assistance/Dietary Needs: _____

RESERVATION GUARANTEE

Credit Card information is required to guarantee your reservation. If credit card details are not supplied, your reservation will not be processed. In case of cancellation more than 24 hours before the arrival date, the customer is not obliged to pay the hotel establishment. In case of cancellation less than 24 hours before the arrival date, the customer is obliged to pay 100% of the reservation value to the hotels. Full payment should be made directly with the hotel at the time of departure.

Credit Card: I authorise the NH Schiller Hotel to use my credit card to guarantee my hotel reservation

American Express Visa Mastercard/Eurocard

Credit Card Number:
Expiration Date:
Cardholder's Signature:

Conf. #:

Date:

For Hotel use only