



Hotel Sacher

WIEN

CFO Summit Vienna

Last Name: _____

First Name: _____

Title: _____

Telephone Number: _____

Fax Number: _____

Email address: _____

Arrival Date: _____

Arrival Time: _____

Please note that the regular check in time is 02.00pm, check out time is 12.00noon.

Departure Date: _____

I will require the following hotel accommodations:

- Superior room for single use at € 355,- per room and night
- Superior room for double use at € 355,- per room and night

Credit card number with expiry date: _____

Special Requests:

- Non Smoking Room
- Smoking Room

The reservation can be cancelled without charges **until 72 hours prior to the arrival**. In case of too late cancellation or No-show we will charge one night as a cancellation fee.

We duly noted that all charges will be paid directly at the hotel upon departure.

We would be pleased to pick you up from the airport with a Mercedes Limousine at the rate of € 50,- and kindly ask you to advise the flight details if desired:

Flight Number: _____ Arrival Time: _____

Signature: _____

Date: _____

We are looking forward to welcoming you at the Hotel Sacher Wien!
KINDLY FAX OR MAIL THIS FORM latest by **September, 14th 2012**
TO:FAX. 0043 1 51456 799 OR EMAIL: reservation.vienna@sacher.com