



The Regency Airport Hotel, Dublin, City

HOTEL RESERVATION FORM

8th IBIMA Conference

June 20-22, 2006.

Guest Name _____

Company/University _____

Tel. _____ Fax _____

ARRIVAL DATE _____ DEPARTURE DATE _____ # OF NIGHTS _____

I WOULD LIKE TO RESERVE:

- Smoking Room Non-Smoking Room
- Single Room standard:** € 84 Euro per night
- Double Room standard:** € 109 Euro per night

Above-mentioned rates are daily, per room and include full Irish breakfast and all taxes.

We require a Credit Card Number to guarantee all bookings. Bookings will not be accepted without a credit card.

- American Express Visa Master card

Credit Card # _____ Expiration Date _____

CCV No:(3 digit code on back of card): _____

Name As it appears on the card: _____ Signature: _____

COMMENTS / SPECIAL REQUESTS

Policy Penalty of the rooms: Cancellation Policy is 48 hours prior to arrival. In case of late cancellation or no show first night will be charged.

Please fax this form directly to the hotel by June 15, 2007. Reservations received after this date will be subject to availability. Hotel Fax: **00 353 1 836 7121**

You can also scan and e-mail the form to the hotel at: regency@regencyhotels.com