

## **MEMS 2006 Conference HOTEL RESERVATION FORM DiVAN Istanbul Hotel**

Cumhuriyet Cadessi No. 2 Elmadag 34437 Taksim/Istanbul TURKEY Phone: +90 212 315 55 00 Fax: +90 212 315 55 15

## Email or fax this form to:

**Meptur Destination Management (** +90-212-2754009 Mems2006@meptur.com.tr

Last Name

Institute/Organization

You must identify yourself as an attendee of MEMS 2006 attendee to receive the group room rate.

Reservation Deadline: 5.	<u>January</u>	<u> 2006</u>
--------------------------	----------------	--------------

Reservations made after 5 January 2006 will be confirmed subject to availability of space and special group rate.

First Name

Stı	reet Address					
Cil	ty		State/Province		Zip/Postal Code	
Cc	ountry			Email		
Te	lephone			Fax		
Ro	oom Reservation: Th	ese per-night rates are	e subject to a VA	AT tax, prese	ntly at <b>18%</b> .	
□ \$130.00 - Standard Room – Single		О	\$140.00 - Standard Room – Double ☐ One bed ☐ Two Twin beds			
	\$285.00 - Corner R	oom		\$535.00 - S	uite Room	
	Smoking	Non-smoking				
Nι	ımber of people sharir	ng room with you:		_ Adults	Children	
Arrival Date		Depart	ure Date			
res are	ervation has been received subject to forfeiture of the	l, a confirmation will be ser	nt to you by email w uncellations within	vithin 2 days of . 15 days of arriv	ar credit card on receiving this form. After your receipt. Cancellations within 30 days of arrival al are subject to two nights accommodation fee. odation fee.	
Ple	ease indicate card:	☐ Maste	erCard		□Visa	
Ca	ard #:					
Expiration Date:			Verific	Verification/Security Code*		
Się	gnature:					
*Th	ree-digit code located on si	gnature line on the back of t	he credit card			