

HOTEL RESERVATION FORM

Please complete and return on the following
Fax number or E-mail address

Phone: +44 (0) 207 827 6000

Fax: + 44 (0) 207 827 6001

E-mail: events@smi-online.co.uk

Delegate Details

Conference:			
Title:	Forename:	Surname:	
Company:		Telephone:	
Email:		Fax:	
Address:			

Hotel Details

1 st Hotel Choice:	No of Nights:
Room Type:	Departure Date:
No of Rooms:	
Arrival Date:	

Credit Card Details

Card Type:	MasterCard	Visa	Amex
Card Number for guarantee:			
Card Holder Name:	Expiry Date:		
I confirm that I have read and agree to SMi Terms & Conditions of Booking and authorise for payment to be taken from the credit card as supplied.			
Signature:	Date:		

Terms and Conditions of Booking: Please note the hotel will charge your credit card directly on departure. If a cancellation is made, please advise the hotel directly as well as SMi, quoting your reservation number. Please check the hotel website for full cancellation Terms and Conditions.