

SAE Media Group's Hotel Accommodation Rates

If you wish to book a hotel room at the Hilton Arlington, please complete the form below on page 2. We will then send this to the venue who will book your room.

Please note that the room is not secured until you have written confirmation from us.

If you have any further questions regarding your booking please contact <u>charlotte.pegrum@saemediagroup.com</u> or <u>events@saemediagroup.com</u>

*Rooms are subject to availability

*The group preferential rate is subject to availability at this stage given the close proximity to the event



Registered in England: SMi Group Ltd Trading as SAE Media Group

Reg No: 03779287 London Office: SAE Media Group India House, 45 Curlew Street London, SE1 2ND United Kingdom
 Tel:
 +44 (0)20 7827 6000

 Fax:
 +44 (0)20 7827 6001

 Web:
 www.smgconferences.com

 Email:
 events@saemediagroup.com



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@saemediagroup.com

| 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: | | | | | | | | | | | | | |



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