Mail to:
Intropa International Travel Agency
Kärntnerstraße 38
A-1015 Vienna, Austria

HOTEL RESERVATION FORM

DEXA 98

August 24-28, 1998
Vienna, Austria

Family name: Mr./Mrs._____ First name:_____ Title:___

_____

Address:_____

_____

Post Code:_____ City:_____ Country:

_____

Phone: _____ Fax: _____ E-mail:_____

Please choose your desired category and fill in your dates of arrival and departure:

Category 1 ❒ Single Room ❒ Date of arrival:

Category 2 ❒ Double Room ❒ Date of departure:

Category 3 ❒

Category 4 ❒ Accompanying person:

„PORZELLANEUM" ❒

I will attend the IFIP Conference yes / no

Form of Payment:

☐ Bank transfer

☐ Credit Card:
- ☐ EC/MC
- ☐ Visa
- ☐ American Express
- ☐ Diners

card number:_____

expiration date:_____ Card holders name:_____

Date:_____Signature:_____