



## Accommodation FORM

51<sup>th</sup> ANNUAL DPSG MEETING

05-08<sup>th</sup> September 2019

Hotel Novapark, Graz

Send completed form to: Mrs. Jacqueline Schaffler ([reservierung@novapark.at](mailto:reservierung@novapark.at))  
Each delegate, who wishes to stay in the conference hotel, should fill out this form.

Deadline for Early Registration  
is the 15<sup>th</sup> July 2019

Registration Key: "DPSG"

(Please note that the room reservations after July 15 are subject to room availability)

Full Name: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Arrival date: \_\_\_\_\_

Departure date: \_\_\_\_\_

<b>HOTEL:</b>	
Delegate [single room]*	€ 535,00 <input type="checkbox"/>
Delegates [sharing room]*	€ 465,00 <input type="checkbox"/>
Accompanying Person [sharing room]**	€ 365,00 <input type="checkbox"/>
Upgrade to 4* room	€ 25,00 <input type="checkbox"/> per person/ night
Extra nights, € 110,00 p.P.	€ ..... <input type="checkbox"/>
<b>Total:</b>	<b>€</b>

Please indicate the name of delegate or accompanying person sharing room  
[a separate form should be filled out for each delegate]

Sharing room with: \_\_\_\_\_

*\*Including: accommodation incl. breakfast (6-8 Sept), lunches (6-7 Sept), dinners (5-6-7 Sept), coffee breaks, conference facilities, local tax.*

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### Special requests

Please enter any dietary requirements, special needs etc:

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**Booking is only secured and firm with details of a valid credit card:**

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**First Name**

**Surname**

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**Credit Card Number**

**CVC/CVV2 Code**

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**Expiration Date (dd/mm/yyyy)**

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**Cardholder's name**

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### **Cancellation: Free of charge until 1 Week before Arrival**

At one week or less, cancellation refunds are dependent on resale. If these rooms cannot be resold, or in case of 'no show', a 100 % cancellation fee will be charged to the guest directly.

**Your contact: Mrs. Jacqueline Schaffler – Reservation departement**

Please send this form to:

reservierung@novapark.at or **Fax: +43-(0)316-68 2010-55**

Invoice address:

Name \_\_\_\_\_ Surname \_\_\_\_\_

Address \_\_\_\_\_ VAT/ UID \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

Settlement directly at check out (cash, credit-, or cashcard).