

NATO Riga Summit

November 28-29, 2006, Riga, Latvia



MEDIA HOTEL BOOKING FORM

DELEGATE

Please complete and return this form to:

**Con-Ex
Latvia Tours Group**

8 Kalku Street, Riga, LV-1050, Latvia

Fax: + 371 7820020

Phone: + 371 7085073

E-mail: marta.auzina@con-ex.com

www.rigasummit.lv

www.latviatours.lv

Title (please cross the appropriate box)

Mr. Mrs.

Last name: _____

(Please use BLOCK LETTERS)

First name: _____

Media / company: _____

Mailing address: _____

ZIP/Postal code: _____ City: _____

Country: _____ E-mail: _____

Telephone: _____ Fax: _____

HOTEL RESERVATION

Please note the name of your preferred hotel

Choice 1: _____

Choice 2: _____

Choice 3: _____

No. of persons per booking _____

Single room _____ Double room _____ Junior Suite _____ Suite _____

Arrival date: _____ Departure date: _____ No. of nights _____

Name of person sharing your accommodation (if applicable): _____

Please note that all room rates are per room / per night including breakfast and VAT.

FLIGHT RESERVATION

I would like *Con-Ex Latvia Tours Group* to make flight reservations

Arrival Date: _____ Departure Date: _____

Originating Destination: _____ Final Destination: _____

Please note: Con-Ex Latvia Tours Group is a fully licensed travel agency and a member of IATA.

HOTEL BOOKING CONDITIONS

1. Rooms will be allocated on a „first come, first served” basis according to availability
2. Reservations can only be made by filling out the Hotel Booking Form.
3. Confirmation of hotel reservation will be sent via e-mail or fax.
4. Hotel voucher will be sent after full payment.

METHOD OF PAYMENT

- Bank Transfer to (enclosed together with the registration form should be a copy of the bank remittance order)

Con-Ex Latvia Tours Group, reg. Nr. 40103042144, Account Nr. LV56PARX0000004531019, a/s “Parekss Banka”, 3 Smilšu str., Riga, SWIFT: PARXLV22 (In case of a bank transfer you should fax +371 7820020 the bank remittance order to attention of Ms. Marta Auzina)

- Credit Card

Herewith I confirm the off-line operation with my credit card for the amount of _____ EUR:

Card (VISA, EC, AMEX) _____ Holder's Name _____

Card No. _____ Expiry Date _____ Signature _____

HOTEL CANCELLATION POLICY

All cancellations/alterations must be made in writing by fax or e-mail to:

Ms Marta Auzina, Con-Ex Latvia Tours Group

fax: +371-7820020, e-mail: marta.auzina@con-ex.com

Cancellation policy:

- Up to and including 26 September 2006: Full refund will be given. Please note – bank transfer costs shall be covered by the client.
- For cancellations received on and after 27 September 2006 up to and including 26 October 2006: 50% refund will be given. Please note – bank transfer costs shall be covered by the client.
- For cancellations on and after 27 October 2006: no refund will be given.
- No refunds will be given for unused roomnights and “No-show”.
- Name change and other alterations - fee EUR 20 per change.

LIABILITY

Ltd Latvia Tours guarantees the quality of service and fulfilment of obligations according to AS “BTA” “Insurance Regulations on Fulfilment of Obligations of Travel Companies” No. 15D-2.

We kindly ask you to authorise Con-Ex Latvia Tours Group with your signature to use all personal data given in this form for a computerised handling of hotel/flight reservations for the NATO Summit.

I have read and hereby accept the booking/cancellation and liability conditions as printed on this form.

Date: _____ Signature: _____