

# EURA INDIVIDUAL ACCOMMODATION BOOKING FORM

Please return this form to

Concorde Services Ltd/EURA  
4B, 50 Speirs Wharf, Port Dundas  
Glasgow G4 9TH  
Scotland UK  
Fax No: +44 (0) 141 331 0234

Please complete one form per delegate. Please photocopy this form should you require additional copies

Title Mrs  Miss  Ms  Mr  Serial No. (for office use only)

Name

First Name

Address

Address

Postal Code  City

Country

E-mail

Phone +  Fax +

Hotel	Single	Twin	Double*	Deposit	Total (£)
<b>Premier Travel Inn Charing Cross</b> Monday – Thursday Friday – Sunday	room only £57.00** £62.00**	room only £57.00** £62.00**	room only £57.00** £62.00**	£80.00	
<b>Express by Holiday Inn Riverside</b>	£80.00	£80.00	£80.00	£80.00	
<b>Glasgow Thistle</b>	£125.00	£135.00	£135.00	£140.00	
<b>Hilton Glasgow Grosvenor</b> Standard room Deluxe room	£130.00 £150.00	£140.00 £160.00	£140.00 £160.00	£140.00 £160.00	

Date of arrival  2007 Number of nights

Date of departure  2007 Single (✓)  Twin (✓)  Double (✓)

\*In the event of a double room not being available in your preferred hotel, a twin room will be allocated  
\*\* Administration charge has been included

**Hotel Choices:** 1<sup>st</sup> ..... 2<sup>nd</sup> .....

3<sup>rd</sup> ..... 4<sup>th</sup> .....

Name of person sharing room (if applicable) \_\_\_\_\_

**Payment** **Grand Total** £ \_\_\_\_\_

I enclose a cheque/banker's draft in **pounds sterling** only drawn on a **UK bank**, payable to "Concorde Services Ltd"

I authorise you to debit my Visa/MasterCard \* (\*delete as appropriate)

Credit Card number  Start date  /

Expiry date  /  Last 3 digits on reverse of card

Credit card correspondence address if different from above \_\_\_\_\_

I have read and accept the cancellation terms and insurance recommendations as contained within the Accommodation Booklet

Signature \_\_\_\_\_ Date \_\_\_\_\_