

AIRCRAFT COMMERCE CONFERENCE
21-23 October 2008
Hyatt Regency Istanbul
Accommodation Form

Last Name: _____

First Name: _____

Organization: _____

Postal Address: _____

City: _____ State/ Province: _____ Country: _____

Postal/ Zip Code: _____ Telephone Number: _____

Fax Number: _____ E-mail: _____

Hotel Information

* Reservations after 15th August 2008 will be based on availability and the hotel rate of the day.

* Check-in Time: 14:00 hours Check-out Time: 12:00 hours

* Guests arriving before 14:00 hours will be charged a full day guest room rate to guarantee immediate check-in upon arrival. Any late check-out after 12:00 noon till 18:00 hours is chargeable at EUR 120.- and after 18:00 hours full day rate.

King Room	Single: EUR 190.-	Double: EUR 210.-
Regency Club Room	Single: EUR 265.-	Double: EUR 285.-
Regency Suite Room	Single: EUR 440.-	Double: EUR 440.-

Room rates are exclusive of breakfast and taxes (which are currently 8 %)

Special Requests: _____ Smoking Non Smoking

Arrival date: _____ Departure Date: _____

Number of nights: _____ Number of Adults: _____

To guarantee your reservation please provide your credit card number and signature

Visa MasterCard American Express

Card Number: _____ Expiry date: _____ Signature: _____

A certain number of rooms have been allocated for your organization between 21-23 October 2008; please confirm your booking latest by 15th August 2008 to guarantee your room.

Cancellations: Any cancellations as of 16th August 2008 and any no-shows will be applicable to a cancellation fee equivalent to the entire length of stay which will be charged to the above given credit card number

Please fax this document to the attention of Reservations Office

Direct fax :90 212 368 1289

Direct Tel :90 212 368 1234

E-mail: istan-reservation@hyatt.com