



# All India Congress of Obstetrics and Gynaecology

January 5 - 9, 2011 | HICC, Hyderabad, India



## HOTEL ACCOMMODATION FORM

### PERSONAL DETAILS

(Please use BLOCK LETTERS)

Delegate's Full Name Mr. / Mrs. \*\* \_\_\_\_\_  
 Address\*\* \_\_\_\_\_  
 Country/City\*\* \_\_\_\_\_ Phone / Mobile No. \*\* \_\_\_\_\_  
 Fax \_\_\_\_\_ E-mail\*\* \_\_\_\_\_

### HOTEL DETAILS

The rates mentioned on the website are on Per Room per Night and Inclusive of Breakfast and taxes

Name of the Hotel\*\* \_\_\_\_\_ Room Type\*\* Single/Double \_\_\_\_\_  
 Check-In Date \*\* \_\_\_\_\_ Check-In Time\*\* \_\_\_\_\_ Check-Out Date\*\* \_\_\_\_\_  
 Check-Out Time\*\* \_\_\_\_\_ Number of Room(s) Required\*\* \_\_\_\_\_ Number of Persons \_\_\_\_\_  
 Total Room nights\*\* \_\_\_\_\_ Per Room Tariff Rs. \*\* \_\_\_\_\_ Total Room nights Tariff\*\* \_\_\_\_\_

### ARRIVAL DETAILS

Arriving From\*\* \_\_\_\_\_ Flt. No\*\* \_\_\_\_\_ Date\*\* \_\_\_\_\_ Time\*\* \_\_\_\_\_  
 Departure From\*\* \_\_\_\_\_ Flt. No.\*\* \_\_\_\_\_ Date\* \_\_\_\_\_ Time\* \_\_\_\_\_  
 Passport No. \_\_\_\_\_ Issued on \_\_\_\_\_ Valid until \_\_\_\_\_  
 Issued by \_\_\_\_\_ Issued at \_\_\_\_\_

### AIRPORT TRANSFERS

(Please tick below)One

One way Airport transfer cost at rupees 1100  Both ways Airport transfer cost at rupees 2000

### PAYMENT MODE

1. **Credit Card:** Visa O Master O Amex O 2.9% surcharge is applicable for VISA / Master 3.9% for AMEX.

Card No. \_\_\_\_\_ Expiry Date \_\_\_\_\_ CVV No. \_\_\_\_\_  
 I \_\_\_\_\_, here by authorize **M/s. Conferences & Incentives Management (I) Pvt. Ltd.**,  
 to charge my Credit Card no.: \_\_\_\_\_ (Master / Visa) valid up to: \_\_\_\_\_  
 INR: \_\_\_\_\_ (In words \_\_\_\_\_)  
 As the charges towards the hotel services requested by me during the Conference.

Name as on Card \_\_\_\_\_ Total Amount\*\* \_\_\_\_\_ Signature\*\* \_\_\_\_\_

2. **Demand Draft: FOR INDIAN DELEGATES ONLY** in favor of "Conferences & Incentives Management (I) Pvt. Ltd", payable at Hyderabad

Bank Name \_\_\_\_\_ Date \_\_\_\_\_ DD/Cheque No\* \_\_\_\_\_  
 Total Amount\*\* \_\_\_\_\_ Signature\*\* \_\_\_\_\_

### HOW TO BOOK

**Fax:** Please fax the duly filled form to +91 (040)23114421

**E-MAIL:** You could also scan & mail the duly filled form at [tirupathi@cimindia.net](mailto:tirupathi@cimindia.net)

\*\* Marked all fields are mandatory.

**NOTE:** All the hotel bookings are on request with Total Night's payment only.

**Only email cancellations are accepted prior to deadline date mentioned above.**

For cancellations, kindly refer to the Terms & Conditions given on the Conference website.

Please visit the conference website for more details:

[www.aicog2011hyd.com](http://www.aicog2011hyd.com)

**FURTHER CONTACT:**



**Conference & Incentives Management (I) Pvt. Ltd.**

1st Floor, HITEX Trade Fair Office, Izzatnagar, Madhapur, Hyderabad - 500084,

Tel : 040- 65162846, Mob: 9676718222, Fax: 040-23114421

Email: [tirupathi@cimindia.net](mailto:tirupathi@cimindia.net), Website: [www.cimindia.net](http://www.cimindia.net)