

DAVENPORT HOTEL, DUBLIN, IRELAND RESERVATION FORM

IRISH AND AMERICAN PAEDIATRIC SOCIETY
29TH SEPTEMBER TO 2ND OCTOBER 2010

PLEASE QUOTE CODE: IRISH & AMERICAN PAEDIATRIC SOCIETY

Conference Reference/Name: **The Irish & American Paediatric Society**
Date: **28/09/10**

Please complete this form to confirm accommodation and email to Reservations at the address below Mercedes.goncalves@ocallaghanhotels.com or call on 00353 1 6073900 and request the reservations department between 8am & 6pm, Mon-Fri.

O'Callaghan Davenport Hotel

Arrival Date: _____ Departure Date: _____

____ Room (Single Occupancy) EUR115.00 per night including Breakfast

____ Room (Double Occupancy) EUR125.00 per night including Breakfast

Name: _____

Address: _____

Telephone: _____

Email: _____

Fax: _____

Credit Card No.: _____

Expiry Date: _____

Signature: _____

**15% deposit charged at time of reservation which is non-refundable.
Cancellation policy for remaining nights is 24 hours in advance of arrival.**

**ALL RESERVATIONS MUST BE MADE BY 23RD JULY 2010. AFTER THIS DATE ALL ROOMS WILL BE
RELEASED BACK TO THE HOTEL.**