

PLEASE RETURN BOOKING FORM TO :

Laura McGlashan
Dundee & Angus Convention Bureau
3 City Square
Dundee, DD1 3BA

Tel : 01382 527540 / Fax : 01382 527550
Email : laura.mcglashan@conventiondundeeandangus.co.uk

**Booking Form DNDBAA2009
Room Choice**

Delegate Name :

MUST COMPLETE -

Hotel (first option) :

Hotel (second option) :

Hotel (third option) :

Room Type :

Arrival Date :

Departure Date :

No. of Nights :

Estimated Time of Arrival :

Smoking / Non-Smoking :

Special Requirements :

Payment Options

Bill Contact Name :

Organisation :

Address :

Tel :

Fax :

Email :

1. Credit Card (guarantees room only, payment to be made on departure)

Tick Box

Type of Card : (Visa / Mastercard / Amex / Switch or Maestro)

Number : Issue No (Switch / Maestro only) :

Start Date : Expiry Date :

Security Number : (last 3-digits on back of card, on AMEX 4-digits on front of card)

Name as it appears on card :