



Payment Authorisation Form: **Dystonia Days 2019**

Make your reservation as soon as possible, or no later than 31 May to be sure to get the special Dystonia Europe room rate.

Guest Details

Name of Guest: _____

Additional guest: _____

Single room: _____

Double room: _____

Date of Stay: _____

Number of Nights (Bed & Breakfast): _____

Total amount to be charged: _____

Additional Cost:
(Please Specify) _____

Credit Card Details

Name of Cardholder as it appears on card _____

Address of Cardholder: _____

Contact no. of cardholder/booker: _____

Billing Address if different: _____

Email Address: _____

Credit card Number: _____

Card Expiry Date: _____

The name of the Bank/
Financial Institution that
Issued the card _____

I authorise Novotel London West to debit my credit card as per the above details

Signature _____

**PLEASE SEND BY RETURN FAX TO +44 208 748 8061,
OR EMAIL US H0737-RE@accor.com**