



Central Station Alarm Association 2009 Annual Meeting
 October 16 - October 21, 2009
Hotel Grande Bretagne, Athens, Greece

Hotel Reservation Form

Reservation Deadline: September 17, 2009

This Hotel Reservation form MUST be sent directly to CSAA along with your Meeting Registration Form.

GUEST INFORMATION

Last Name: _____ **First Name:** _____
Address: _____
City: _____ **State/Province:** _____
Zip/Postal Code: _____ **Country:** _____
Telephone: _____ **Fax:** _____
E-mail: _____

HOTEL RESERVATION INFORMATION

CHECK-IN DATE: _____ **CHECK-OUT DATE:** _____
EXPECTED ARRIVAL TIME: _____ **EXPECTED DEPARTURE TIME:** _____
NUMBER OF NIGHTS: _____

Room Selection:

Preferred room rates are guaranteed until Thursday, September 17, 2009. The special CSAA hotel rates shall apply beginning October 12, 2009 through and including October 28, 2009, with rooms outside the block subject to availability. All the rates below are daily per room and inclusive of American Buffet breakfast. Official Check-in is 14:00; check-out is 12:00. Local taxes are currently 11.18% and are NOT included in the room rate.

Room Category	Single Occupancy	Double Occupancy
Classic Room (Atrium or City View)	<input type="checkbox"/> €260	<input type="checkbox"/> €280
Deluxe Room with Acropolis View	<input type="checkbox"/> €410	<input type="checkbox"/> €430
Junior Suite (Atrium View)	<input type="checkbox"/> €440	<input type="checkbox"/> €490
Deluxe Suite (Atrium or City View)	<input type="checkbox"/> €825	<input type="checkbox"/> €935
Grand Suite (City View)	<input type="checkbox"/> €1,202	<input type="checkbox"/> €1,320
Grand Suite with Acropolis View	<input type="checkbox"/> €1,352	<input type="checkbox"/> €1,470
Butler Floor Supplement	<input type="checkbox"/> €25	<input type="checkbox"/> €25

Preference: Smoking room Non-smoking room King Bed Two Twin Beds

REMARKS

To avoid cancellation charges, this must be done in writing by 16:00 twenty-four hours (24) prior to arrival. If complete cancellation of an individual reservation takes place within 24 hours of the scheduled arrival a cancellation fee equal to two (2) nights' room revenue will be charged. The Hotel Grande Bretagne will provide you with a cancellation number as confirmation of your cancellation.

CREDIT CARD INFORMATION

Credit Card Number: _____ **Security Code(for Amex only) :** _____
Visa () MasterCard () Amex () Other: _____
Expiration Date: _____ **Card Holder Name:** _____
Signature: _____

For Office Use Only

Booking is: **Confirmed** **Not Confirmed**
Date confirmed to guest: _____ **Acknowledged by:** _____

For any questions or further information please contact John McDonald at meetings@csaaul.org or 703-242-4670, x. 17.

PLEASE RETURN THIS FORM BY FAX BEFORE September 17, 2009.