

ACCOMMODATION FORM

Please, fill in the Accommodation form in block letters and return it before **October 1, 2019** to the Conference administrator: Conference Partners Prague Ltd., Sokolská 26, 120 00 Praha 2, Fax: +420 224 261 703, E-mail: imp2019@conferencepartners.cz

SURNAME _____ FIRST NAME _____

TITLE _____ INSTITUTION _____

MAILING ADDRESS _____

POST CODE _____ TOWN _____ COUNTRY _____

PHONE _____ FAX _____ E-MAIL _____

ARRIVAL: _____ DEPARTURE: _____ NIGHTS: _____

I WISH TO RESERVE THE FOLLOWING ACCOMMODATION:

HOTEL	SGL ROOM	DBL ROOM	NO. OF SGL ROOMS	NO. OF DBL ROOMS
Waldstein ***+	137,00 EUR	152,00 EUR		
Diplomat ****	119,00 EUR	129,00 EUR		
International ****	79,00 EUR	89,00 EUR		
Silenzio ***+	69,00 EUR	89,00 EUR		
Meda ***+	49,00 EUR	63,00 EUR		
Masarykova kolej *** Hotel part	47,00 EUR	62,00 EUR		

Accommodation prices are displayed in Euros (converted from the local currency Czech Crowns /CZK rates) single or double rooms are charged per night, including breakfast, VAT and city fees. In case of exchange rate changes by more than 5% Conference Partners Prague Ltd. has the right to modify the prices.

Hotel Deposits:

Reservation will be guaranteed only after receipt of the one-night deposit. The rest of the accommodation payment should be covered on **October 1, 2019** at latest.

Cancellation Fees:

All cancellations must be done in writing and sent to Conference Partners Prague Ltd. Refunding will be performed according to the following cancellation fees:

Cancellation within 31– 16 days prior to arrival: 50 % of the whole booking value

Cancellation within 15 – 0 days prior to arrival: 100 % of the whole booking value

TOTAL PAYMENT:

I enclose a copy of the bank transfer in the amount of _____ EUR

Bank account No.: 176970780 / 0300 of the Conference Partners Prague Ltd., at the
Československá obchodní banka, a. s., Anglická 20, 120 00 Prague 2, Czech Republic.
IBAN: CZ64 0300 0000 0001 7697 0780, BIC: CEKO-CZ-PP

I authorize the Conference Partners Prague Ltd. to charge my credit card with the total payment of _____ EUR

VISA

Eurocard/MasterCard

Card holder's name (as appears on card) _____

Card No. _____ Expiry date _____

Date _____ Signature _____