

ACCOMMODATION FORM

Please fill in the Accommodation Form in block letters and return it by **5 May 2013** to the Conference Secretariat (Conference Partners Prague Ltd., Sokolská 26, 120 00 Prague 2, Czech Republic, Phone: +420 224 262 108, Fax: 224 261 703, Email: cfrac2013@conferencepartners.cz)

FIRST NAME	SURNAME	TITLE
MAILING ADDRESS	POST CODE	TOWN / COUNTRY
PHONE	FAX	E-MAIL

ACCOMPANYING PERSON	SPECIAL REQUESTS
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ARRIVAL	DEPARTURE	NIGHTS
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I wish to reserve the following accommodation:

HOTEL / DORMITORY	SGL ROOM RATE	DBL ROOM RATE	ROOM TYPE SGL / DBL	TOTAL AMOUNT
Crowne Plaza ****	Sold out	Sold out		
Diplomat ****	Sold out	Sold out		
Denisa ***	Sold out	Sold out		
Silenzio ***	Sold out	Sold out		
DAP ***	Sold out	Sold out		
Masarykova kolej ***	Sold out	60 EUR		
Masarykova kolej **	Sold out	Sold out		

All prices are per room, per night incl. breakfast, city tax and VAT. If the exchange rate changes by more than 5%, Conference Partners Prague Ltd. has the right to modify prices.

Hotel Deposits and Cancellation Fees:

Reservation will be guaranteed only after payment of the first night deposit is received. The balance of the hotel account should be settled by **5 May 2013**.

Any cancellation must be notified in writing to the conference secretariat. The already received payment will be refunded in accordance with the following rules:

31 and more days before arrival: fully refunded

30-15 days prior to arrival: refunded after deduction of 50% of the full price

14 and less days prior to arrival: no refund

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: CEKOCZPP

* Please note a copy of the bank transfer should be sent to cfrac2013@conferencepartners.cz.

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