**CM2 Croatia, Split, 29. November-01.December 2017.**

**Hotel Reservation Form** REF: “865”

**Deadline** to complete and return this form by fax or e-mail**: 15.10.2017** to:

 fax +385 21 406 401 or reservations@hotelpark-split.hr

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| **Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
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| **Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
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| **Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
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| **[ ]**  | I would like to reserve ….. DOUBLE ROOM(s) at the rate of **120,00 EUR**  |
| **[ ]**  | I would like to reserve.... SINGLE ROOM(s) at the rate of **85,00 EUR**  |
|  |  |
| *Rate is per room per night inclusive of complimentary Grand Buffet Breakfast, free high speed internet from the room, free entrance to Gym and VAT. Rates are subject to a municipal tourist tax of € 2.80.- per person per night** *Participants are kindly asked to pay their own accommodation costs directly with the hotel.*
* **Cancellation policy:**

**Cancellation 2 days before arrival day**: no fee**Cancellation 1 day before arrival day**: 50% of 1st night accommodation**No-show fee**: 100% from 1st night accommodation**Early check-out:** In case of early departure, please inform Reception Desk upon arrival in order to limit the regular penalty charge to only 1 (one) night accommodation. Regular penalty fee equals to the amount of all cancelled overnights. |
| **Arrival: Departure:**  |
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| **Credit Card Number required:** ……………….…………………………………………… **Valid Through: ………………….……**  |
|  |  |  |  |
| **[ ]**  | AMEX | **[ ]**  | Visa | **[ ]**  | Eurocard /MasterCard | **[ ]**  | Diners Club  |
| **Authorized Signature by the Cardholder:** …………………………………………………………..…….*\* By signing this form, I accept all payments, cancellation and reservation policies. I hereby give permission Hotel Park to charge my credit card to the amount or services stated in this form.* |