**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](mailto: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: ………………….……** | | | | | | | | |
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|  | 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.* | | | | | | | | |