

Hotel Reservation Form

Form to be returned by FAX or E-MAIL to address below Before October 15, 2016

Holiday Inn Belgrade

Spanskih boraca 74 11070 Belgrade, Serbia

Telephone: +381 11 3100 175, +381 11 3100 040 / Fax: +381 11 3100 100

Mrs. Vesna Zivanovic / Mr. Petar Jankovic

E-mail: reservations@hibelgrade.rs

For the event

FABULOUS Conference, October 24-25, 2016

Please complete this form in **block letters**.

In order to take advantage of these specially negotiated rates reservations should be made before October 14, 2016. After this date rooms will be confirmed subject to availability.

For multiple bookings, please photocopy this form.

The hotel holds a certain block of rooms for this event, so please make your booking as soon as possible to have your rooms confirmed.

1. GENERAL INFORMAT	ION	
Full name:		
Company/organization:		
Billing address:		
City and postal code:	(Country:
E-mail:		Telephone and Fax:
2. HOTEL RESERVATION	N / Holiday Inn Belgra	ade
Arrival:	Departure:	Number of nights:
Check-in: 15:00 hours	Check-out: 12:00) hour's noon
Please tick accordingly,	which room type you wo	ould like to book (*please note that this is subject to availability
Room type:	F	Rate (single use):
□ Single standard:□ Twin standard:	E E	EUR 90 /room/night EUR 115 /room/night
*Preference: Non-s	moking room	□ Smoking room
Room rates include but Rates include VAT but		51 (app. EUR 1.25) per person/per day
Airport pick up service is please enter relevant flig		per person per way. In order to arrange this service for you,
Arrival time: Departure time:		Arrival flight number: Departure flight number:
Specific dietary require	ments:	

2 METHOD OF DAVMENT		
3. METHOD OF PAYMENT		
Please select the payment method: □ Bank transfer (in case you chose this option, please send us the company details in order to receive invoice pro forma)		
□ <i>Credit card:</i> □ Visa □ Euro Card/MasterCard □ American Express □ Diners Club		
Card number:Expiry date:		
Card number:Expiry date: Name of cardholder:Signature:		
By this signature I authorize Holiday Inn Belgrade to charge my credit card for the above requested services.		
4. CANCELLATION		
Please note that once the reservation is made, 100% advance payment will be required.		
Cancellation policy:		
 Cancellations need to be sent in writing form to the contact information on the top of this form Reservations cancelled within 72 hours prior to the arrival date, one night room rate will be charged. For No show or Reservations cancelled within 24 hours prior to the arrival date, penalty of whole duration stay will be charged. 		
In case of cancellation or no show I authorize Holiday Inn Belgrade to charge the penalty for amount to my credit card.		
An extra supplement will apply for:		
Late check-out until 18:00 – 50% discount on the daily rate.		
Late check-out after 18:00 – Full rate will apply.		
Any cancellations or modifications must be confirmed in writing.		
Hotel confirmation number:Confirmed by:		
Date:		