

VIENNA HOUSE

DIPLOMAT

PRAGUE

HOTEL RESERVATION FORM

Event:

**Medworld s.r.o
Best of SABCS
15.1.-16.1.2018**

Last name: _____ **First name:** _____

Telephone: _____ **Fax:** _____

Credit Card Details for guarantee of reservation - OBLIGATORY:

CC Number: _____ **Expiry:** _____

Arrival Date: _____ **Time:** _____

Departure Date: _____ **Time:** _____

Please Mark With -

Single Superior Room - CZK 1945, 00 per night, incl. BB and VAT
Double Superior Room - CZK 2 215, 00 per night, incl. BB and VAT

- Single - Double

➤ **Please send this form latest by 4/12/17 otherwise we cannot guarantee the room availability.**

➤ **Cancellation Policy:**

Your reservation is guaranteed by your Credit card.

In case of cancellation till 14 days prior to arrival no charge will be applied. In case of cancellation from 13 days and less prior to arrival as well as no-shows – 100% of the whole stay will be charged from the participant's credit card.

Contact person: Petra Filingerová, Reservations

Phone Number: 00420 296 353 416 **Fax Number:** 00420 296 889 998

Email: petra.filingerova@viennahouse.com

Web: viennahouse.com

Guest Signature: _____

HOTEL CONFIRMATION:

Confirmation Number: _____

Date: _____ Signature: _____