

RESERVATION FORM

(Please e-mail or fax this form to the hotel no later than April 08, 2012)

Meeting: **ERASMUS COURSE ON MRI – CENTRAL NERVOUS SYSTEM I**

Meeting Date: **08-13/06/2012**

Venue: **Hotel Dubrovnik Palace Conference & Spa 5***

1. YOUR DETAILS – please complete in block capitals using black ink:

Family Name: _____ Given Name: _____
Organisation: _____
Address: _____
Phone: _____ Fax: _____ E-mail: _____

2. ROOM REQUIREMENT (please check)

- Single use CLASSIC room, sea view/balcony (€ 155 per room/day, VAT and breakfast included)
 Double use CLASSIC room, sea view/balcony (€ 175 per room/day, VAT and breakfast included)

Arrival Date: _____ Departure date: _____ Number of rooms / nights /:
Earlier arrival and departure or extended stay can be confirmed depending on hotel's availability.

Please note that the room charge **includes** 10% VAT and it **does not include** a city tax of EUR 1,00 per person per night.

3. TO GUARANTEE YOUR ROOM – please provide us with your credit card information:

Each reservation individually must be guaranteed with a major credit card (NOT DEBIT) or one night deposit.

Name of the credit Card holder: _____

Card Number: _____ Expiry date: ____ / ____

Type of the credit card: AMX / MC / VISA / DINERS (Please circle)

Signature of cardholder: _____

To cancel a guaranteed reservation free of charge, you must contact the hotel no later than 30 days before arrival, otherwise one room night will be charged.

PLEASE RETURN FILLED APPLICATION (by mail or fax) to the HOTEL NO LATER THAN April 08th, 2012. ALL THE RESERVATIONS THAT ARRIVE AFTER THIS DATE WILL BE A SUBJECT TO AVAILABILITY.

4. CONFIRMATION – PLEASE DO NOT FILL OUT - **To be completed by the hotel**

The section will be completed by the hotel, which will then return it to your attention. Please note that the booking is not confirmed unless you receive this confirmation.

We are pleased to confirm the above booking.

Date and confirmation #:

Signature: