

VIENNA HOUSE

DIPLOMAT

PRAGUE

HOTEL RESERVATION FORM

**Event: České kardiologické dny
ČKS
23.-25.11.2016**

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 2 300 per night, incl. BB and VAT
Double Superior Room – CZK 2 570 per night, incl. BB and VAT

- Single - Double

➤ **Please send this form latest by 30/10/16 otherwise we cannot guarantee the room availability.**

➤ **Cancellation Policy:**

Your reservation is guaranteed by your Credit card.

In case of cancellation between 30/10/16 – 20/11/16 we will charge 75% of the whole stay will be charged from the participant's credit card.

From 21/11/16 we will charge 100% of the whole stay from the participant's credit card.

Contact person: Petra Filingerová, Reservations

Phone Number: 00420 296 353 408 **Fax Number:** 00420 296 889 998

Email: petra.filingerova@viennahouse.com

Web: viennahouse.com

Guest Signature: _____

HOTEL CONFIRMATION:

Confirmation Number: _____

Date: _____ Signature: _____