

HOTEL RESERVATION FORM

Event: ULIX-ICANN - 11.12.2007 - 15.12.2007

| 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 Room - €88,- per night, incl. BB and VAT - □ | | | |
| Double Room - €99,- per night, incl. BB and VAT - □ | | | |
| □ - Non Smoking | □ - Smoking | □ - Twin | □ - King-size bed |
| Please send this form latest by 30.11.2006 otherwise we can not guarantee the room availability. | | | |
| ➤ Cancellation Policy: Your reservation is guaranteed by your Credit card. in case of cancellation till 30.11.07. no charge will be applied. In case of cancellation between 1.12. – 04.12.07 – we will charge the first night to your CC. After 04.12.07 – we will charge the whole stay. The same policy will be applied in the case of No Show. | | | |
| Contact person: Katerina Klimova, Reservations Phone Number: 00420 296 882 203 Fax Number: 00420 296 88 2351 Email: Katerina.klimova@andelshotel.com Web: www.andelshotel.com | | | |
| Guest Signature:_ | | | |
| HOTEL CONFIRMATION: | | | |
| Confirmation Number: | | | |
| | | | |
| Date: | S | ignature: | |