

HOTEL RESERVATION FORM

Hotel Croatia, Cavtat, Dubrovnik, Croatia

EUROVISION CONNECT Conference 2015

Surname:		Title:
First Name:	Initials:	Male/Female:
Affiliation:		
Mailing Address:		
Postal Code:	City:	Country:
Phone:	Fax:	E-mail:

ACCOMPANYING PERSON(S) Surname:

First name:

Special rates for EUROVISION CONNECT participants and accompanying persons are in EUR per room per day (breakfast included).

HOTEL CROATIA

- in double room (2 persons) 160,00
- in single room (1 person) 140,00
- city tax is extra: EUR 1,00 per person per day

Please mark with "x" your room choice with rate.

ARRIVAL / DEPARTURE

Date of arrival:	Flight Number:	Time:
Date of departure:	Flight Number:	Time:
Number of nights:		
Remarks:		

CONFIRMATION:

- Deadline for Hotel Reservation is 30th April 2015; after this date reservation will be accepted in a rooms-available basis only, but at the same rates (mentioned above)
- A guarantee via credit card
- No room can be confirmed until Hotel receives credit card information.

CANCELLATIONS:

- **UNTIL 10 DAYS PRIOR TO ARRIVAL: free of charge**
- **MADE 10 – 4 DAYS PRIOR TO ARRIVAL: Hotel will charge one overnight per person**
- **MADE 4 – 0 DAYS PRIOR TO ARRIVAL: Hotel will charge all reserved nights**
- **'NON SHOW' CASES: Hotel will charge all reserved night**

TO GUARANTEE YOUR RESERVATION please fill the following:

Amex Diners Master Visa

Name of the card holder:	
Credit card number:	
Expiration date:	Signature:

RETURN THIS FORM:

By e-mail to: lina.martinovic@alh.hr

You can reach us through phone: + 385 20 300 332

CONFIRMATION – TO BE FILLED BY THE HOTEL

This paragraph will be filled by the Hotel. Reservation form confirmed by the Hotel will be returned to you.

Date of confirming the reservation: ___/___/___

Your reservation number: _____