

<u>Hotel Reservation Form – EuroSys 2017</u> <u>April 23-26, 2017</u>

Kindly return this form to: <u>nada.djukic@ihg.com</u> and <u>begcp.reservations@ihg.com</u>

Keywora: K27	
Name:	First Name:
Company:	
Telephone number:	Fax number:
Email address:	
Check-In (Date):	Check-Out (Date):
Arrival Time:	an only be guaranteed after 03:00 pm)
Room Type and Room Rat	
	 cupancy): € 120,00 / Night incl. breakfast (incl. VAT)
☐ Superior Room (double o	ccupancy): €135,00 / Night incl. breakfast (incl. VAT)
	n the following special requests in your reservation. However please note te done upon availability and that the following requests cannot be
□ King Bed	☐ Twin beds
	show) or cancellation thereafter (late cancellation), cancellation fees or ed room rate will be charged per night for the duration of stay scheduled itions of the hotel apply.
Reservation can be cancelle	d or modified without penalty until 01 st April 2017.
	d details to confirm your booking (In case of no show or late cancellation ed with the respective cancellation fees):
Credit Card Type:	
Card Holder:	valid until:
Card Number:	
Signature:	