|  |  |  |
| --- | --- | --- |
| **RESERVATION FORM**  **46th ISHP CONGRESS**  **04-07.09.2024** | | |
| **Please complete the required form & return BACK by e-mail.**  **E-mail:** [info@envoyhotel.rs](mailto:info@envoyhotel.rs) | | |
| **LAST NAME:** | **FIRST NAME:** | |
| **ADDRESS:** | **POSTAL CODE:** | |
| **E-MAIL :** | **PHONE:** | |
| **ACCOMMODATION INFORMATION** | | |
| **ARRIVAL DATE:** | | **DEPARTURE DATE:** |
| **ARRIVAL TIME:** | | **DEPARTURE TIME:** |
| * **Standard/ King Room (single use) EUR 140 with breakfast, per room/ per night** * **Superior Twin Room (double use) EUR 160 with breakfast, per room/ per night**   **City tax 1.4€ per person per day is not included in room rate** | | |
| **PAYMENT AND CANCELLATION TERMS**  1.As guarantee of your reservation we require your credit card number with the expiration date. All the reservations will be upon request and availability.  2. Upon confirmation we require one night as 1st deposit to be payable through credit card.  3. Final settlement upon arrival from the hotel.  Cancellation Policy:   * In case of cancellations 3 days prior the arrival date or NON SHOW, you will be charged with total.   Please note that in case of any change or cancellation will be valid only in written.  The deadline for reservation: **01.07.2024.** | | |
| **Name od Card Holder:** | | |
| **I authorize you to debit my credit card for the above accommodation expenses.**  **CREDIT CARD:** | | |
| **Credit card** | | |
| **Card No:** | **Card expiry date:** | |
| **Signature:** | **Date:** | |