

## Hotel Reservation Form Participants of First Regional Meeting of IASGO POSTGRADUATE COURSE IN HBP SURGERY AND RESEARCH

Hotel Crowne Plaza Belgrade is looking forward to welcome You. Please kindly use this form to make Your booking in Hotel Crowne Plaza Belgrade for the mentioned event held in period 23-25. September 2019. Kindly note that a limited number of rooms have been preliminary blocked in above mentioned period at bellow provided special rates.

All reservations will be accepted for reservation forms sent by 15<sup>th</sup> September

<u>After the mentioned date15th September (cut off), all reservation requests received will be subjected to Hotel availability and rates.</u>

To book a room kindly return this form completed to our reservation department. Fax: +381 11 2204 115 / Email: begcp.reservations@ihg.com

Last Name:	First Name:		
Company:			
Telephone number:	, Fax	number:	_
Email address:			
Check-In (Date):	Check-C	Out (Date):	
Arrival/Departure Time:			
(Please note that official	Hotel check-in time	e is 15:00h and check-out ti	me is 12:00h). For guaranteed
earlier arrival or late dep	arture outside of th	ne official Hotel times ment	ioned, charge is applicable
and kindly advise the Ho	tel reservation depo	artment.	
Room Type and Room R	ates (please tick):	Single occupancy Rate	Double occupancy Rate
Superior Room:		☐ EUR 90	UR 100
Club Room:		EUR 130	EUR 130
Junior suite:		EUR 170	☐ EUR 170
	dation, 20% on oth		fet breakfast, internet access, otel fitness centre (swimming
Rates do not include tou	rist tax (EUR 1, 4/RS	SD 159) per person, per nig	ht.
*All mentioned rates are	e expressed in EUF	ble for the stay during the i R currency but calculated nk of Serbia on the day of p	and charged in local currency
•	ill be done upon o		ervation. However please note following requests cannot be
□ Kuigben		us (two separate)	



Airport transfers can be arranged through Hotel with bellow mention option available for the upcoming stay:

• Hotel car (EUR 25 per way per car – maximum 3 guests per car)

In order for the transfer to be arranged kindly advise flight details as mentioned bellow. For departure we highly recommend the departure time to be 2 hours prior the flight time.

Flight number		Flight time		Flight date	
Arrival	Departure	Arrival	Departure	Arrival	Departure
	-	_	You confirm the tra mentioned service		
100% of configeneral terms	firmed and guarar	nteed stay will be f the hotel apply	n thereafter (late coe charged at confine Reservation can be	irmed and guar	anteed rate. The
-			and guarantee you ed as per cancella		
Credit Card Ty American MasterCa	•		☐ VISA		
Card Holder: Card Number	:v	alid until:			
Signature:					
	= :	•	Crowne Plaza Belgi ts to my credit card		apply the marked
Room & T Room, Br	ax Only eakfast & Tax	charges to be ap	oplied (please tick o All Banquet Cha Guest Amenity Parking Only Specific Ind	rges	t in Other):



Total	amount to be	pre-authorized in EUR:
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