

HOTEL RESERVATION FORM
for
“Best of SABCS Croatia – 2020”

7th – 8th February 2020

please reserve your room directly with the hotel

First Name _____ Last Name _____

(please print)

Company _____

Address _____ Country, City, Postal Code _____

Tel. No.: _____ Fax No.: _____

E-mail: _____

Credit Card Company _____

To guarantee your reservation, the hotel only accepts reservations guaranteed with a credit card number and expiry date

Credit card no.: _____ Expiry Date: _____

CVV: _____

Please reserve the room at following rate:

- Comfort Double Single Use room – 85 EUR
- Comfort Double room - 95 EUR

Above rates are inclusive of a full buffet breakfast. Surcharge for a city tax is at additional 1,65 EUR per person, per day.

The above stated rates are non-commissionable.

Arrival Date _____ Departure Date _____

Signature, Date

Release period: Rooms and rates above are valid only if the reservation is received by 15.01.2020. Cancellation policy without penalty is 48 hours prior to arrival. Thereafter, the total accommodation amount will be charged to your credit card. In case of no-show, the total accommodation amount will be charged to your credit card. Check-in 14:00h. Check-out 12:00h. Please send filled form latest till 15.01.2020. to: Palace Hotel Zagreb, e-mail: margarita.sikic@palace.hr