

Hotel Reservation Form
Form to be returned by FAX or E-MAIL to address below
Before April 27, 2018

Holiday Inn Belgrade

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11070 Belgrade, Serbia
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Mrs. Vesna Zivanovic / Mr. Petar Jankovic
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Hotel Reservation Form
8th RISK CONFERENCE
30.05.2018

Please complete this form in **block letters**.

In order to take advantage of these specially negotiated rates reservations should be made before 27.04.2018.

All reservations will be confirmed according to hotels availability.

Please make your booking as soon as possible to have your rooms confirmed.

For multiple bookings, please photocopy this form.

Period: 29-31.05, 2018

1. GENERAL INFORMATION

Full name: _____

Company/organization: _____

Billing address: _____

City and postal code: _____

Country: _____

E-mail: _____

Telephone and Fax: _____

2. HOTEL RESERVATION / Holiday Inn Belgrade

Arrival: _____ **Departure:** _____ **Number of nights:** _____

Check-in: 15:00 hours

Check-out: 12:00 hour's noon

*Please tick accordingly, which room type you would like to book (*please note that this is subject to availability)*

Room type:

Rate:

Number of rooms

Single standard:

EUR 95/room/night

Double standard (French bed):

EUR 115/room/night

Twin standard (two separate beds)

EUR 115/room/night

Room rates include buffet breakfast.

Rates include VAT but exclude city tax (app. EUR 1.3) per person/per day

Airport pick up service is available at EUR 15.00 per person per way. In order to arrange this service for you, please send relevant flight details.

3. METHOD OF PAYMENT

Please select the payment method:

Bank transfer (in case you chose this option, please send us the company details in order to receive invoice pro forma)

Credit card:

Visa Euro Card/MasterCard American Express

Card number: _____ **Expiry date:** _____

Name of cardholder: _____ **Signature:** _____

By this signature I authorize Holiday Inn Belgrade to charge my credit card for the above requested services.

4. CANCELLATION

Please note that once the reservation is made, 100% advance payment will be required.

Cancellation policy:

- Cancellations need to be sent in writing form to the contact information on the top of this form
- Release period for non guaranteed reservations is 7 days prior to arrival. If your reservation is an option, please guarantee your reservation with a credit card or company letter of credit so that we may keep your reservation active.
- **Cancellation period is 7 days prior to guest arrival. No-show/late cancellation fee is one night room rate.**

In case of cancellation or no show I authorize Holiday Inn Belgrade to charge the penalty for amount to my credit card.

An extra supplement will apply for:

Late check-out until 18:00 – 50% discount on the daily rate.

Late check-out after 18:00 – Full rate will apply.

Hotel confirmation number: _____ **Confirmed by:** _____

Date: _____