

HOTEL RESERVATION FORM

for

Best of SABCS® Croatia

22nd – 23rd February 2019

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:** _____

Please reserve the room at following rate:

Comfort Single room – 70 EUR

Comfort Double room - 90 EUR

Above rates are inclusive of a full buffet breakfast. Surcharge for a city tax is at additional 1,40 EUR per person, per day.

Arrival Date _____ **Departure Date** _____

Signature, Date

Release period: Rooms and rates above are valid only if the reservation is received by 01.02.2019. 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 accommodation total amount will be charged to your credit card. Check-in 14:00h. Check-out 12:00h. Please send filled form latest till 01.02.2019. to: Palace Hotel Zagreb, e-mail: margarita.sikic@palace.hr