

8th Meeting of European Bird Curators

October 3-5, 2013
National Museum (New building)
Prague, Czech Republic



**NATIONAL
MUSEUM**

Czech Republic | www.nm.cz

ACCOMMODATION FORM

Please, fill in the Accommodation form in block letters and return it before **September 3, 2013** to the Symposium Secretariat (Conference Partners Prague Ltd., Sokolská 26, 120 00 Prague 2, Czech Republic, Phone: +420 224 262 108, Fax: 224 261 703, Email: eBEAC@conferencepartners.cz)

FIRST NAME	SURNAME	TITLE
MAILING ADDRESS	POST CODE	TOWN / COUNTRY
PHONE	FAX	E-MAIL
ACCOMPANYING PERSON	SPECIAL REQUESTS	

ARRIVAL	DEPARTURE	NIGHTS
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I wish to reserve the following accommodation::

HOTEL / DORMITORY	SGL ROOM PRICE	DBL ROOM PRICE	ROOM ORDER	TOTAL AMMOUNT
Seven Days ****+	120,00 EUR	135,00 EUR		
Adria ****	109,00 EUR	119,00 EUR		

All prices are per room, per one night incl. breakfast, city tax and incl. VAT. In case of exchange rate changes by more than 5% Conference Partners Prague Ltd. has the right to modify prices.

Hotel Deposits:

Reservation will be guaranteed only after receipt of the one-night deposit. The rest of the accommodation payment should be covered on **September 3, 2013** at latest.

Cancellation Fees:

All cancellations must be done in writing and sent to Conference Partners Prague Ltd. Refunding will be performed according to the following cancellation fees:

Cancellation 31 and more days before arrival : 0 % of the whole booking value
Cancellation within 30 - 15 days prior to arrival: 50 % of the whole booking value
Cancellation within 15 - 0 days prior to arrival: 100 % of the whole booking value

TOTAL PAYMENT:

I enclose a copy of the **bank transfer** in the amount of _____ **EUR**
Bank account No.: 176970780 / 0300 of the Conference Partners Prague Ltd., at the Československá obchodní banka, a. s., Anglická 20, 120 00 Prague 2, Czech Republic. IBAN: CZ64 0300 0000 0001 7697 0780, BIC: CEKOCZPP

I authorize the Conference Partners Prague Ltd. to charge my credit card with the total payment of _____ **EUR**

VISA

EuroCard/MasterCard

Card holder's name (as appears on card) _____

Card No. _____ Expiry date _____

DATE

SIGNATURE