



ACCOMMODATION FORM

Please, fill in the Accommodation form in block letters and return it before **July 15, 2011** to the Symposium administrator (Conference Partners Prague Ltd.). On-line electronic registration is available on the Web site: www.cipa2011.cz.

Surname _____ First Name _____

Title _____ Institution _____

Mailing Address _____

Post Code _____ Town _____ Country _____

Phone _____ Fax _____ E-mail _____

Arrival : _____ Departure : _____ Nights : _____

I wish to reserve the following accommodation:

HOTEL	SGL ROOM	DBL ROOM	NO. OF SGL ROOMS	NO. OF DBL ROOMS
Praha ****	120 EUR	130 EUR		
Crowne Plaza ****	112 EUR	122 EUR		
Diplomat ****	110 EUR	120 EUR		
Pyramida ****	79 EUR	89 EUR		
Denisa ***	75 EUR	83 EUR		
Zlata Praha ***	67 EUR	79 EUR		
DAP	53 EUR	92 EUR		
Masarykova kolej *** Hotel part	55 EUR	69 EUR		
Pension Patanka **+	42 EUR	70 EUR		
Masarykova kolej ** Student part	28 EUR	42 EUR		

Accommodation prices are displayed in Euros (converted from the local currency Czech Crowns /CZK rates) single or double rooms are charged per night, including breakfast, VAT and city fees. In case of exchange rate changes by more than 5% Conference Partners Prague Ltd. has the right to modify the 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 **August 15, 2011** 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 – 22 days prior to arrival: 25 % of the whole booking value
- Cancellation within 21 – 16 days prior to arrival: 30 % of the whole booking value
- Cancellation within 15 – 8 days prior to arrival: 50 % of the whole booking value
- Cancellation within 7 – 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: CEKO-CZ-PP

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 _____