# ACCOMMODATION RESERVATION FORM

# FOR EGPRN CONFERENCE 4-7.10.2018.

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Family name: ……………..………..…… First name: .…..…………………..…   
Address: ……..……………………………………… City: ………………… Postal code: …………   
Country: ….………………..........

If the payment will be by company, please write company details:

Company name: ………………………………………………………… Address: …………………………………………………………….

VAT: …………………………………..

I would like to book the following room at hotel Hollywood:

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| --- | --- |
| Superior Single | **48 EUR** |
| Superior Double/twin | **65 EUR** |
| De lux Single | **70 EUR** |
| De lux Double/twin | **85 EUR** |

Check in date: 00/00/00 Check out date: 00/00/00

Prices are per night per room and includes breakfast, city tax and VAT.

I would like to book return airport transfer at cost of 6,00 EUR

If yes, please fill up flight details:

Arrival date: ………… Flight from: …………. Arrival time: ……… Flight no:……………  
  
Departure date: ………….. Flight time:…………… Flight no:………..

**Payment**

Reservation have to be paid to hotel by 01.09. All reservations after 01.09. are on request.

Please check the option how you would like to make the payment:

Ba bank transfer

By credit card (if you choose credit card payment, we will only authorize your card for guaranty proposes and you will be charged upon arrival at the hotel)

I, …………………………………………………………….. do allow to Hotel Hollywood to authorize below written credit card for amount of …………………. EUR for the above reservation.

**CREDIT CARD DETAILS:**

Credit card type: Card number:

Expiry date (Month/Year): 00/00 CVC code:

RESERVATION FORM TO BE SENT TO E-MAIL OR FAX:

**E-mail:** [**info@hotel-hollywood.ba**](mailto:info@hotel-hollywood.ba)

Fax number: +387 33 773 145   
Contact person: Ms Dijana Haračić