HOTEL RESERVATION: 9th International Meeting on Neuroacanthocytosis Syndromes, March 23-25, 2018

RETURN UNTIL: 9th February 2018

WE ACCEPT RESERVATIONS WITH THIS FORM ONLY!!!

|  |  |
| --- | --- |
| Phone: | +49 351 8321 575 |
| Fax: | +49 351 8321 404 |
| E-Mail: | events@parkhotel-radebeul.com |
| Guest name (First name and last name): | click here to fill out |
| Address: | click here to fill out |
|  | click here to fill out |
| Phone: | click here to fill out |
| Email / Fax (for Confirmation): | click here to fill out |

|  |  |  |  |
| --- | --- | --- | --- |
| The following room will be booked: Please use one form per guest!! | | | |
| Arrival | click here to fill out | Departure | click here to fill out |
|  | EUR \_85,00 per night incl. breakfast - standard room (single use )  (rooms only with breakfast available) | | |
|  | EUR 110,00 per night incl. breakfast - standard room (double use ) | | |
|  | (rooms only with breakfast available) | | |
|  |  | | |

The rooms are available from 3pm on the day of arrival until 12 a.m. on the day of departure. Check in till 6 p.m. In case of a late arrival let us know. Otherwise we reserve the right to rent the hotel room to someone else.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Payment: | | | | |
|  | | | | |
|  | PATIENT / CAREGIVER (will not be charged) | | | |
|  |  | | | |
|  | CASH | | | |
|  |  | | | |
|  | CHOOSE A CREDIT CARD | | | |
|  |  | | | |
|  | CARD NUMBER | click here to fill out | VALID | click here to fill out |
|  |  |  |  |  |

Cancellations will only be accepted in a written form. A free cancellation is possible until 4 days prior arrival.

In case of NoShow 90% of the agreed price will be charged.

|  |  |
| --- | --- |
| Date / Signature: | click here to fill out |

Herewith we confirm the above-mentioned reservation:

Reservationnumber Stampe / Signatur