

**HOTEL RESERVATION FORM**

**Event: Life Sciences Symposium**

Last name: \_\_\_\_\_ First name: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Credit Card Details for guarantee of reservation - OBLIGATORY:**

CC Number: \_\_\_\_\_ Expiry: \_\_\_\_\_

Arrival Date: \_\_\_\_\_ Time: \_\_\_\_\_

Departure Date: \_\_\_\_\_ Time: \_\_\_\_\_

***Please Mark With -***

Single Room - € 145,- per night, incl. BB and VAT -

Double Room - € 160,- per night, incl. BB and VAT -

- Non Smoking     - Smoking     - Twin     - King-size bed

- Please send this form latest by April 24<sup>th</sup> 2008 otherwise we can not guarantee the room availability.
- Cancellation Policy: Your reservation is guaranteed by your Credit card. In case of cancellation till March 27<sup>th</sup> 2008 no charge will be applied. In case of cancellation between April 27<sup>th</sup> 2008 – we will charge the first night to your CC. After May 13<sup>th</sup> 2008 – we will charge the whole stay. The same policy will be applied in the case of No Show.

**Contact person:** Iveta Riessnerova, Reservations  
**Phone Number:** 00420 296 882 201 **Fax Number:** 00420 296 889 998  
**Email:** [iveta.riessnerova@andelshotel.com](mailto:iveta.riessnerova@andelshotel.com)  
**Web:** [www.andelshotel.com](http://www.andelshotel.com)

Guest Signature: \_\_\_\_\_

**HOTEL CONFIRMATION:**

Confirmation Number: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_.