



HOTEL RESERVATION FORM
for
CITA 2017 International Conference and General Assembly

06th – 08th June, 2017.

please reserve your room directly with the hotel

First Name _____ **Last Name** _____

(please print)

Company _____

Address _____ **Country, City, Postal Code** _____

Tel. No.: _____ **Fax No.:** _____

E-mail: _____

Credit Card Company _____

To guarantee your reservation, the hotel only accepts reservations guaranteed with a credit card number and expiry date

Credit card no.: _____ **Expiry Date:** _____

Please reserve the room at following rate:

- Comfort Single room – 90 EUR
- Comfort Double room - 110 EUR

Above rates are inclusive of a full buffet breakfast. Surcharge for a city tax is at additional 0.94 EUR per person, per day.

Arrival Date _____ **Departure Date** _____

Signature, Date

Release period: Rooms and rates above are valid only if the reservation is received by 27.03.2017. Cancellation policy without penalty is 24hours prior to arrival. Thereafter, the first night's accommodation will be charged to your credit card. In case of no-show, the first night's accommodation will be charged to your credit card. Check-in 14:00h. Check-out 12:00h. Please send filled form latest till 27.03.2017. to: Palace Hotel Zagreb, e-mail: margarita.sikic@palace.hr - fax no. + (385) 1 4920 530