



PRAGUE CONGRESS CENTRE

FQMT 2004

26 – 29 July 2004

Hotel Reservation Form

Please fax or mail this form directly to the hotel.

Family Name:	_____		
First Name:	_____		
Address:	_____		
City:	_____	State:	_____
Telephone:	_____	Fax:	_____
Passport No:	_____	Exp date:	_____
		Place of issue:	_____
Accommodations			
Please reserve the following accommodation:			
_____	Single at EUR 120	Arrival date:	_____
		Departure date :	_____
_____	Double at EUR 120	Arrival date:	_____
		Departure date :	_____
Rate are per room/night, breakfast and VAT included			
Smoking / Non Smoking			

OTHER REQUESTS :

Card name (Please circle one):	AMEX	VISA	MASTER CARD	DINERS CLUB
Number:	_____	Expiration Date:	_____	
Signature:	_____			
The reservation must be guaranteed by credit card. The hotel is authorized to use the above-mentioned credit card for pre-authorisation in amount of first night as a guarantee. The hotel is authorized to charge credit card in case of late cancellation as per following conditions:				
Room cancelled within 21 - 14 days before arrival - 1 night cancellation fee applies				
room cancelled within 13 - 2 days before arrival - 2 nights cancellation fee applies				
room cancelled later than 2 days before arrival or in case of No show – whole stay cancellation fee applies				

Please fax/send this completed form back to the hotel before May 31st 2004 at latest.

The hotel might be sold out during the time of your event. We strongly recommend that you make your reservation very soon to space availability.

Attention:	Holiday Inn Prague Congress Centre 140 00 Prague 4 Czech Republic	Tel No:	00420 2 6117 5001
		Fax No:	00420 2 6117 5010
		Web:	www.holidayinn.cz
		Email:	radka.valkova@holidayinn.cz
Hotel Confirmation Number:		Confirmed by:	