



Hotel Reservation Form

Kindly return this form to our reservation department.
Fax: +381112223114 / Email: begcp.reservations@ihg.com

Keyword: ESHRE

European Society of Human Reproduction and Embryology

Name: _____ First Name: _____

Company: _____

Telephone number: _____ Fax number: _____

Email address: _____

Check-In (Date): _____ Check-Out (Date): _____

Arrival Time: _____

(Please note that check-in can only be guaranteed after 03:00 pm)

Requested Room Type:

☐ Superior Room (single occupancy): € 100,00 / Night incl. breakfast (incl. VAT)

☐ Superior Room (double occupancy): € 110,00 / Night incl. breakfast (incl. VAT)

We are pleased to note down the following special requests in your reservation. However please note that room allocation will be done upon availability and that the following requests cannot be guaranteed:

☐ Queen Bed

☐ King Bed

☐ twin beds

In case on non-arrival (no show) or cancellation thereafter (late cancellation), cancellation fees of 100% of the above mentioned room rate will be charged per night for the duration of stay scheduled. The general terms and conditions of the hotel apply.

Please fill in your credit card details to confirm your booking (In case of no show or late cancellation this credit card will be charged with the respective cancellation fees):

Credit Card Type: _____

Card Holder: _____ valid til: _____

Card Number: _____

Signature: _____