

**RESERVATION FORM**  
**EOD CONFERENCE**

**Stay from: \_\_\_\_\_ To: \_\_\_\_\_**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
 Company: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone number: \_\_\_\_\_ Fax number: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

**Please make the following reservation:**

| Room type               | Price                                     | Number of rooms |
|-------------------------|---|-----------------|
| <b>STANDARD ROOM</b>    | <b>EUR 120</b>                            |                 |
| * <b>SUPERIOR ROOM</b>  | STANDARD ROOM + <b>EUR 20</b> SUPPLEMENT  |                 |
| * <b>DELUXE ROOM</b>    | STANDARD ROOM + <b>EUR 35</b> SUPPLEMENT  |                 |
| * <b>EXECUTIVE ROOM</b> | STANDARD ROOM + <b>EUR 65</b> SUPPLEMENT  |                 |
| * <b>TOWER SUITE</b>    | STANDARD ROOM + <b>EUR 120</b> SUPPLEMENT |                 |

\* These rooms are subject to availability.

- SINGLE OCCUPANCY                       SMOKING ROOM  
 DOUBLE OCCUPANCY                     NON-SMOKING ROOM  
 TWIN ROOM

(Please indicate the number of rooms required in the square above.)

The rates listed above are stated per room, per night, including service charges, city tax, full American buffet breakfast, and complimentary use of gym, VAT 15 % is excluded.

Arrival Date: \_\_\_\_\_ (Arrival Time : \_\_\_\_\_) Departure Date: \_\_\_\_\_

(Please tick the appropriate options)

Yes, I want to book a transfer from the Prague Airport (CZK 590/EUR 25).

Flight details: .....

|                            |     |    |
|----------------------------|-----|----|
| <b>Credit Card Number:</b> |     |    |
| <b>Expiry Date:</b>        |     |    |
| <b>Card Holders Name:</b>  |     |    |
| <b>Bank transfer:</b>      | Yes | No |

If you wish to pay via bank-transfer, please tick appropriate box above and we will provide you with a pro forma invoice.

Please note that we require full payment of your stay in case you choose this option.

\* Reservations can be cancelled free of charge until 48 hours prior to arrival.

Date: \_\_\_\_\_

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

**Reservation Confirmation Number:**

**Please fax or email this form back to:**

CROWNE PLAZA PRAGUE - Reservations Department  
 Koulova 15, 160 45 Praha 6, Czech Republic  
 Tel: +420 296 537 872; Fax: +420 296 537 266  
 Email: reserv@crowneplaza.cz