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| **RESERVATION FORM**  **ISTP 2024**  **19-26.05.2024.** | | |
| **Please complete the required form & return BACK by e-mail.**  **E-mail:** [info@envoyhotel.rs](mailto:info@envoyhotel.rs) | | |
| **LAST NAME:** | **FIRST NAME:** | |
| **ADDRESS:** | **POSTAL CODE:** | |
| **E-MAIL :** | **PHONE:** | |
| **ACCOMMODATION INFORMATION** | | |
| **ARRIVAL DATE:** | | **DEPARTURE DATE:** |
| **ARRIVAL TIME:** | | **DEPARTURE TIME:** |
| * **Standard/ King Room (single use) EUR 130 per room/ per night** * **Superior Twin ( double use ) EUR 145 per room / per night** | | |
| **PAYMENT AND CANCELLATION TERMS**  1.As guarantee of your reservation we require your credit card number with the expiration date. All the reservations will be upon request and availability.  2. Upon confirmation we require one night as 1st deposit to be payable through credit card.  3. Final settlement upon arrival from the hotel.  Cancellation Policy:   * In case of cancellations 3 days prior the arrival date or NON SHOW, you will be charged with total.   Please note that in case of any change or cancellation will be valid only in written. | | |
| **Name od Card Holder:** | | |
| **I authorize you to debit my credit card for the above accommodation expenses.**  **CREDIT CARD:** | | |
| **Credit card** | | |
| **Card No:** | **Card expiry date:** | |
| **Signature:** | **Date:** | |