**Group application form – DORS/CLUC 2015**

**18-20.05.2015.**

**SURNAME:** ……………………………………………..………… **NAME:** ……………………...…………………………...

**COMPANY / ORGANISATION :** ……………………………………………………………..…….………………………….....

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**ADDRESS:** ………………………………………………………………………………………………………………………….

…………………………………………………………………………………………………………….…………………………..

**CITY:** ……………………………**POSTAL CODE:** …………………. **COUNTRY:** …………………….……………………..

**TELEPHONE:** …………………………….**MOBILE:** ………………………………… **FAX:** ….……………………………....

**EMAIL:** ……………………….……………………………………………………………………………………………………...

**ARRIVAL DATE:** ........................................................ **DEPARTURE DATE:** ……………………………………………...

**APPROXIMATIVE ARRIVAL TIME:** ………………………………………….………………………………………………….

**TOTAL NIGHTS REQUIRED:** ……………………………………………..…………………………………………………….

**TYPE OF ROOM REQUESTED:**

**Single room 550,00 KN per room and per night**

**Double room**  **650,00 KN per room and per night**

**Smoking** □ **Non-smoking** □

**Breakfast buffet included – VAT included – City tax: EUR 1 per person and per day not included**

**Accounts are payable in HRK according to daily exchange rate of the Croatian National Bank**

**Check-in time: after 2 PM - Check-out time: noon**

**In order to confirm accommodation at special group rate please supply your credit card details:**

**CREDIT CARD TYPE:** …………………………………………………………………….……………………………………...

**CREDIT CARD NUMBER:** ……………………………………………………………………………………….………………

**EXPIRY DATE:** …………..….……**CARD HOLDER:** ………………………………………………………………….………

**CANCELLATION POLICY: Reservations guaranteed by credit card can be cancelled up to 4 PM on the arrival day at no charge. In case of a no-show, the International Hotel will charge 1 overnight to the credit card provided.**

**PLEASE RETURN THIS FORM BEFORE 16th April, 2015 via fax ONLY. FAX + 385 1 4892 060. All reservations after 16th April 2015 are subject to availability and the International Hotel reserves right to change the accommodation rate.**

**GUEST SIGNATURE:** ………………………......................................... **DATE:** ………………………....................