



HOTEL RESERVATION FORM

To be filled in, printed out, and sent back by fax or via (air) mail to:

Jagiellonian University
 Office for Academic Events and Conferences
 Gołębia 24
 31-007 Kraków
 Poland
Fax/phone: +48 (12) 421 26 62
 Phone: +48 (12) 663 12 00
 E-mail: sefs@adm.uj.edu.pl (for enquiries only: do NOT email payment details)

Please fill in the form below to select your hotel accommodation and return the completed form at your earliest convenience. Your preferred accommodation may be secured only if **all pages** of this form are received by fax or mail by the Office for Academic Events and Conferences **before 1st July, 2005 (address above)**.

Family name _____ First name _____ Male Female

Complete correspondence address: _____

Postal code _____ City _____ Country _____

Phone _____ Fax _____

E-mail _____

Name of accompanying person _____

HOTEL ACCOMMODATION REQUEST

Note that:

- ❖ All hotel prices are given in EURO. They may change if the EURO/PLN exchange rate changes by more than 10% from the rate as at March 2005.
- ❖ Rates at the hotel are per room per night with breakfast and tax included.
- ❖ Hotels are situated within walking distance from the Symposium venue.
- ❖ First and second choice of accommodation should be indicated by filling *A* and *B* in the Table below.
- ❖ Reservations will be made on a “first-come, first-served” basis.
- ❖ The Conference Secretariat will try to respect your hotel choices but will make a reservation in another similar-price hotel if neither your first (*A*) nor second (*B*) choice is available.
- ❖ Polish delegates should note that the hotel prices in PLN are available at Jagiellonian University Office for Academic Events and Conferences.
- ❖ Note that since 1st July, 2004 each hotel reception is required to collect city tax of PLN 1.60 (EURO 0.40) per person per day.

Hotel Name	Price per night (in EURO)			First (A) and second (B) choice	Required deposit*
	Single Room (tick, please)	Double Room (tick, please)	Triple Room (tick, please)		
Sheraton***** 7 Powiśle St.	140	165	-		165
Fortuna *** 5 Czapskich St.	75	105	-		105
Fortuna BIS*** 25 Pilsudskiego St.	75	105	-		105
Logos*** 3 Szujskiego St.	60	85 64 for single use	-		85
Cracovia *** 1 F. Focha Av.	70	100	-		100
University Hotel Dom Gosciny 49 Florianska St.	65	100	-		100
University Hotel Bursa im. Pignia 7a Garbarska St.	65	100	-		100
Student Dormitory “NAWOJKA” 11 Reymonta St. (breakfast not included)	25	27	32		30
	20 1 bathroom for 2 rooms	23 1 bathroom for 2 rooms	27 1 bathroom for 2 rooms		
Student Dormitory “ŻACZEK” 5, 3 rd Maja Av. (breakfast not included)	23	33	40		33
	20 1 bathroom for 2 rooms	28 1 bathroom for 2 rooms	33 1 bathroom for 2 rooms		
	18 shared bathroom	20 shared bathroom	25 shared bathroom		

DATE OF ARRIVAL _____ DATE OF DEPARTURE _____

I ENCLOSE THE DEPOSIT OF EURO _____

(*Equal to the more expensive of the two preferences, to be **deducted from the hotel bill**)

THIS RESERVATION FORM WILL NOT BE PROCESSED IF THE FORM IS RECEIVED WITHOUT EITHER SUBMITTING THE NUMBER OF A VALID CREDIT CARD, OR CONFIRMATION THAT THE BANK TRANSFER OF THE APPROPRIATE HOTEL DEPOSIT HAS BEEN MADE BEFORE 1st JULY, 2005 (confirmation should be submitted to Jagiellonian University BOIN, ul. Gołębica 24, 31-007 Kraków, Poland).

100 % refund of deposit is possible (minus banking charges associated with the transfer) **before 1st July, 2005**. After this date no refunds will be possible.

Bank transfer to:

Jagiellonian University BOIN, Bank: BPH S.A. O/Kraków, Account number:

IBAN: PL 75 1060 0076 0000 3300 0015 7610, SWIFT: BPHK PL PK

(please indicate **SEFS/hotel deposit**, as well as **the name of the participant**. Don't forget to bring your copy of a document confirming that the payment has been made).

Credit card:

Please note that your credit card account will be charged with the hotel deposit indicated above if your reservation is cancelled after 1st July, 2005.

I authorise the Jagiellonian University, Office for Academic Events and Conferences to charge the amount EURO..... to the credit card listed below.

Eurocard/Mastercard JCB Card Visa American Express other

Card number _ _ _ _ / _ _ _ _ / _ _ _ _ / _ _ _ _

Valid until: _____ / _____ (month/year)

Name of cardholder _____

Billing address _____

Signature _____ Date _____

Date _____

Signature _____

INVOICE REQUEST

Please Draw an invoice with VAT included.

Charge to:

Institution:

Address:

VAT number:

Amount:

Invoice should be dispatched to:

Signature: