xCEEd Fintech Conference (2018)

# xCEEd fintech conference- Reservation form (OMN09MAY)

**Metropol Palace Belgrade** is looking forward to welcoming you during the **“xCEEd Fintech Conferenc**e” conference in the period **May 21 – 23, 2018.** Please use this form to make booking in Metropol Palace Belgrade for mentioned occasion. Proposed rates are valid 3 days before and after above mentioned date of the event.

The cut-off date is **April 20, 2018.** All reservations received after **April 20, 2018** will be accepted as the subject to availability at the best available rate at that time. Number of rooms at these promotional rates is limited. To book your room, please return completed form to our reservation department on e-mail: [reservations@metropolpalace.com](mailto:reservations@metropolpalace.com)

After submitting the form, you may expect written confirmation from the Reservations Department.

# Room type (please tick):

ROOM TYPE RATE (Single/double occupancy)

|  |
| --- |
| Classic / Superior room EUR 125/145  Deluxe room EUR 145/165  Junior Suite EUR 165/185  Executive Suite EUR 185/215     * **Rates are** **per night, per room including buffet breakfast, VAT (10%), internet access (Wi-Fi and LAN),and**   **access to Hotel Fitness and Spa center Limegrove (swimming pool, sauna, steam bath, jacuzzi, relax room, gym).**   * **Rates do not include city tax (EUR 1.25 / RSD 151 per person, per night).** * **Note that VAT and tourist tax are defined by local legislation and subject to change.** |

Special request: Smoking/Non Smoking:

(Please note that the Hotel will give its outmost to accommodate special requests but may not guarantee it. Special requests will be confirmed based on availability at the time of booking.)

# GUEST DETAILS

Guest name:                                Position/Title:

Company:                                     Address:

City:                      Post Code:                      Country:

Telephone:                           Fax:                           e-mail:

# Arrival & Departure

Arrival Date:                                Departure Date:

(Check-In Time from 14:00) (Check-Out Time until 12:00 noon)

# PAYMENT

By cash or credit card, at the hotel: Kindly note that cash payments at the hotel may be done only in local currency (RSD)

Bank transfer: Kindly provide us with invoicing details. Full prepayment is required prior arrival date.

3rd party credit card: Kindly fill in bellow form and send it to hotel mail/fax.

# reservation guarantee

**No reservations will be confirmed, nor guaranteed unless credit card details are provided**.

Credit card details (credit card details will be used as reservation guarantee)

Credit card type/name:

Credit card number:

Expiration date:

Card holder name:

Signature of card holder: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By signing this I guarantee the above booking to this credit card and accept the terms of cancellation below

# cancelation policy

* Reservation may be cancelled without penalties 30 days before arrival date.
* For every reservation cancelled in period of 30 and 15 days prior to the date of arrival, guest will be charge of 50% of the total amount of stay.
* For every reservation cancelled after 7 days before arrival client will be charged for the total amount of stay.
* In case of guest’s non arrival (i.e. no show) and early departures, the client will be charged for whole duration of stay.

# Credit Card Authorization Form (in case that the third party will cover ANY HOTEL services ON BEHALF OF the guest)

I,                 (card holder’s name) authorize “Metropol Palace” hotel to apply the marked charge(s) mentioned below for the following guest to my credit card:

I hereby authorize the following charges to be applied:

Room & tax only

All charges

Guest incidentals only

Other:

Total amount to be charged in Euros:

Credit Card details:

Credit Card Number:

Expiration Date:

Printed name on the card:

Billing details:

Company Name:

Address:

City, State, Zip:

Date:

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