BHL EUROPE Fall Meeting

16.-18.11.2009, Prague, Czech Republic



ACCOMMODATION FORM

First Name___

Please, fill in the Accommodation form in block letters and return it before **November 3, 2009** to the hotel Falkensteiner Maria Prag, Opletalova 21, 110 00 Prague, Czech Republic, Phone: +420 222 211 229, Fax: +420 222 240 229, Email: reservation.prag@falkensteiner.com.

If you will not use for your room booking this form please mention the name of the event "BHL Meeting" into your email to the hotel.

Title	Institu	tion		
Mailing Address				
Post Code	_ Town		Country	
Phone	_ Fax		E-mail	
Arrival:	_ Departure :		Nights:	
I wish to reserve the following accom	nmodation:			
1 SINGLE ROOM: EUR 75 per roo				
Hotel Deposits: Reservation will be guaranteed only a covered on site in the hotel after arrival	fter receipt of you			payment will be
Cancellation policy: Reservation for individual travelers can the arrival date. For later cancellations				
Credit Card Data:				
I authorize the <u>hotel FalkensteinerMaria F</u> prices:	<u>'rague</u> to charge n	ny credit card due to tl	ne above mentioned c	conditions and
☐ VISA ☐ Eurocard/N	MasterCard	☐ Diners Club	☐ American Exp	pres
Card holder's name (as appears on car	d)			
Card No		Expiry date		
Date		Signature		