



CROWNE PLAZA®
PRAGUE

RESERVATION FORM

Event: IB PYP Workshops Prague 2010 - 4.-6.3.2010

Last Name: _____ First Name: _____
 Company: _____
 Address: _____
 Telephone number: _____ Fax number: _____
 Email Address: _____

Please make the following reservation:

Room type	Price	Number of rooms
STANDARD ROOM	70,- EUR including breakfast, excluding 9% VAT	

- SINGLE OCCUPANCY SMOKING ROOM
 DOUBLE OCCUPANCY NON-SMOKING ROOM
 TWIN ROOM

(Please indicate the number of rooms required in the square above.)
The above rates are quoted per room, per night, and are including all taxes and service charges.

Arrival Date: _____ (Arrival Time : _____) Departure Date: _____

(Please tick the appropriate options)

Yes, I want to book a transfer from the Prague Airport (CZK 590/EUR 25).

Flight details:

Credit Card Number:		
Expiry Date:		
Card Holders Name:		
Bank transfer:	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If you wish to pay via bank-transfer, please tick appropriate box above and we will provide you with a pro forma invoice.
 Please note that we require full payment of your stay in case you choose this option.

*** Reservations can be cancelled free of charge until 7 days prior to arrival.**

Date: _____ Signature: _____

Reservation Confirmation Number:

Please fax or email this form back to:
 CROWNE PLAZA PRAGUE - Reservations Department
 Koulova 15, 160 45 Praha 6, Czech Republic
 Tel: +420 296 537 872; Fax: +420 296 537 266
 Email: reserv@crowneplaza.cz