



**HOTEL RESERVATION FORM
FOR THE PARTICIPANT OF THE CONFERENCE CID 2017**

Please complete the form and send by e-mail or fax to the Hotel Las Piechowice before **30.06.2017**

Fax: +48 75 717 52 52, e-mail: palewicz@hotel-las.pl

Please type or print clearly in CAPITAL LETTERS

PERSONAL INFORMATION

Gender:.....

Last (Family) name:..... First (Given) name:.....

Organization:.....

Postal address:.....

Postal code:..... City:..... Country:.....

Tel:..... Fax:.....

E-mail address:.....

Accompanying person* (Mr/Mrs):
.....

* accompanying person is not a participant of the conference

HOTEL RESERVATION

Price (per person) includes tourist tax, full board and accommodation starting from dinner on Sunday (17.09.2017) till lunch on Friday (22.09.2017), banquet, and refreshments during breaks.

Types of rooms and prices (per person)	Your choice (put X)	Other information
1450 PLN - single room		
1200 PLN - double room		Preferred roommate*:

* this participant must also send a reservation form to the hotel

PAYMENT

Put X next to a form of payment you choose.	
at conference venue	
bank account transfer	

<p>bank: ING Bank Śląski Oddział w Jeleniej Górze account number: PL 61 1050 1908 1000 0090 3083 2910 swift code: INGBPLPW title of payment: CID2017 _____ (participant name)</p>
<p>The payment must be free of bank charges to the receiver. Deadline for bank account transfer is July 15, 2017.</p>

Any cancellation or change must be received and confirmed by the Hotel in an official written notice via letter, fax or e-mail before **July 31, 2017**.