



ACCOR HOTELS

RESERVATION FORM

The 12th World Congress on Controversies in Neurology

March 22 – 25, 2018

PLEASE SELECT A HOTEL:

Mercure Warszawa Grand ****

March 22 – 23, 2018

Single room with breakfast 90 EUR /gross

Double room with breakfast 97 EUR/gross

March 24 – 25, 2018

Single room with breakfast 66 EUR /gross

Double room with breakfast 73 EUR /gross

Contact: H3384-RE2@accor.com, +48 22 583 21 12

Ibis Warszawa Stare Miasto ***

March 22 – 23, 2018

Single room with breakfast 66 EUR /gross

Double room with breakfast 73 EUR PLN /gross

March 24 – 25, 2018

Single room with breakfast 45 EUR /gross

Double room with breakfast 52 EUR PLN /gross

Contact: H3714-RE@accor.com, +48 (22) 310 10 13

Ibis Warszawa Centrum **

March 22 – 23, 2018

Single room with breakfast 70 EUR /gross

Double room with breakfast 79 EUR/gross

March 24 – 25, 2018

Single room with breakfast 47 EUR /gross

Double room with breakfast 55 EUR /gross

Contact: h2894-fo@accor.com, +48 (22) 520 30 03

Please fill in the form and send to the hotel directly

- Reservation for above rates can be made until January 1, 2018.
- Above rates are valid only for limited number of rooms.
- Only available single rooms or with king / queen bed for 2 persons.

FIRST NAME:		LAST NAME:	
ADDRESS:			
EMAIL:	PHONE NUMBER:	FAX NUMBER:	

TYPE OF ROOM REQUIRED (please check box):			
Standard Room	<input type="checkbox"/> Single	<input type="checkbox"/> Double	
Number of Persons:	Number of Rooms:	Arrival Date:	Check Out Date:

CANCELLATION POLICY:

- Guest can cancel reservation without any fee until 6 days before arrival
- Cancellation 5 to 0 days before arrival - Client will be charged 100% of all cost of reserved services.

FORM OF PAYMENT:	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Prepayment
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CARDHOLDER INFORMATION	
Name: _____	
Billing Street Address: _____	
Street Address (cont.): _____	
City: _____	State: _____ Postal Code: _____
Country: _____	Email _____
Direct Telephone: (_____) _____ - _____	

CREDIT CARD INFORMATION	
Credit Card Type: <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> American Express <input type="checkbox"/> Diners Club <input type="checkbox"/> Other cc	
Card Number: _____	
Expiration Month: _____	Expiration Year: _____
Cardholder Signature X _____	Date ____/____/____
Security Code: _____	