**Booking form**

**BASIC SKILLS IN UPPER LIMB SPASTICITY**

**23Spast-B**

**9–11 November 2023**

**Eurostars Palazzo Zichy\*\*\*\***

Budapest, Lőrinc Pap tér 2, 1088

https://www.eurostarshotels.co.uk/eurostars-palazzo-zichy.html

**Please send the completed Booking form to:** **reservations@eurostarspalazzozichy.com**

The deadline of application is **01th November 2023**; the reservation will be confirmed by the hotel.

After **01th November 2023** the confirmation of accommodation is subject to availability.

**Please fill in the application form below**:

**Arrival date**: .............................................. **Departure date**: ................................................

**Last name:** .............................................. **First name:** ..................................................

|  |  |  |
| --- | --- | --- |
| **□** | Superior room single occupancy | **EUR 115 / room / night** |

|  |  |
| --- | --- |
|  | *Buffet breakfast, WIFI internet, VAT and city tax are**included in the rates.* |

**E-mail**: ………............................................. **Country:** .................................................

|  |  |  |
| --- | --- | --- |
| **□** | Superior room double occupancy | **EUR 135 / room / night** |

Payment for accommodation should be made directly to the hotel. In order to guarantee your room reservation please fill in the following credit card information.

These details are mandatory to accept and confirm the reservation.

 **Owner of the credit card**: .........................................................

**Credit card type**: .........................................................

**Number**: ………………..................................................................

**Expiry date**: .........................................................

I guarantee this room reservation with my credit card. I can cancel my reservation free of charge by writing to the hotel until 48 hours before arrival. Cancellation is valid when confirmed by the hotel in writing. I agree that in case of no show 100% of the agreed room rate will be charged for the total length of stay as deposit to the above given credit card.

Date: .........................

Signature/Authorization: .............................................................................................