



**Reservation Form for European Conference of Integrative Psychotherapy 2015
29-31.05. 2015**

Guest name 1: _____ Guest name 2: _____
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FOR PARTICIPANTS:

Accommodation Rates for Bed & Breakfast:

Rate 1 52 EURO **Rate 2: 61 EURO**
 Single use (1 person/ room) **Double use** (2 persons, 1 bed/ room) **OR** **Twin use** (2 beds/ room)
Arrival Date: _____ **Departure date:** _____
Other mentions: _____

The above rates are net, inclusive of breakfast and VAT, do not include the city tax 1%.

Accommodation Rates for Half Board, (Breakfast and Lunch or Dinner Buffet included)

Rate 1 64 EURO **Rate 2: 85 EURO**
 Single use (1 person/ room) **Double use** (2 persons, 1 bed/ room) **OR** **Twin use** (2 beds/ room)
Arrival Date: _____ **Departure date:** _____
Other mentions: _____

The above rates are net, inclusive of Breakfast, Lunch or Dinner Buffet included and VAT, do not include the city tax 1%.

Accommodation Rates - Full Board, (Breakfast, Lunch & Dinner Buffet included)

Rate 1: 76 EURO **Rate 2: 109 EURO**
 Single use (1 person/ room) **Double use** (2 persons, 1 bed/ room) **OR** **Twin use** (2 beds/ room)
Arrival Date: _____ **Departure date:** _____
Other mentions: _____

The above rates are net, inclusive of Breakfast, Lunch & Dinner Buffet included and VAT, do not include the city tax 1%.

Gala Dinner on the date of 30.05.2014

26 EURO **Rate 2: 52 EURO**
 1 person 2 persons

* To access the Gala Dinner from the date of: 30.05,2015 we will add 26 EUR / person, at any of the following rates listed above.

Lunch for persons without accommodation:

Rate 1: 11 EURO **Rate 2: 22 EURO**
 1 person 2 persons

Dates:
 29.05.2015 30.05.2015 31.05.2015



Dinner for persons without accommodation:

Rate 1: 11 EURO

1 person

Rate 2: 22 EURO

2 persons

Dates:

29.05.2015

30.05.2015

31.05.2015

All reservations must be guaranteed. Accepted Credit Cards: American Express, Visa and MasterCard

Credit Card: _____ Number: _____ Expiry Date: _____

Card holder's name: _____ Signature: _____

Payment: The amount for the entire stay will be blocked on your credit card between 29 and 31 of May 2015. In case of failure to comply with this method of payment, reservation is considered not guaranteed and will be cancelled. Extra-services are going to be paid at the hotel.

Preferences:

Special Request: Smoking Non – Smoking Handicap
Accessible
Additional Special Requests:
Estimated Time of Arrival:

Transportation can be assured by private car (Mercedes Limo) and the tariff is 33 euros/car/way.
Kindly fill-in below if the transfer is needed:

Pick up Drop off
Arrival time: _____ Departure time: _____
Flight number: _____ Flight number: _____

Option date: mentioned special rates are applicable only by completing and sending this reservation form to the hotel by e-mail: reservations.ringrand@rinhotels.ro until **31.01.2015**. Any requests received after this date will be confirmed upon hotel's availability at the best rate available of the day.

Cancellation Policy: In order to avoid any charges, kindly advise us on any cancellations or changes in reservation before **10.05.2015**.

Any cancellation received after this date will be the subject to 100% charges for the entire stay booked and confirmed (accommodation and applicable taxes).

**PLEASE COMPLETE AND SEND THIS RESERVATION FORM TO THE HOTEL BY
EMAIL: reservations.ringrand@rinhotels.ro UNTIL 31.01.2015.**

Guest Contact details for confirmation:
Email: _____ Phone: _____ Fax: _____ Date: _____

RECONFIRMATION BY HOTEL

Room Confirmation Number: _____ Transfer Confirmation:
Date: _____ Signature: _____ Stamp: _____

THANK YOU FOR CHOOSING RIN GRAND HOTEL!