

THE WESTIN
ZAGREB

Luxembourg Chamber to Commerce

HOTEL RESERVATION FORM

SURNAME: NAME:
COMPANY / ORGANISATION :
ADDRESS:
CITY: POSTAL CODE: COUNTRY:
TELEPHONE: MOBILE: FAX:
EMAIL:

ARRIVAL DATE: DEPARTURE DATE:
APPROXIMATIVE ARRIVAL TIME:
TOTAL NIGHTS REQUIRED:
TYPE OF ROOM REQUESTED:

- | | | |
|--------------------------------|--------------------------|-----------------------------------|
| Deluxe room single use | <input type="checkbox"/> | EUR 115,00 per room and per night |
| Deluxe room double use | <input type="checkbox"/> | EUR 135,00 per room and per night |
| Westin Guest Office single use | <input type="checkbox"/> | EUR 165,00 per room and per night |
| Westin Guest Office double use | <input type="checkbox"/> | EUR 185,00 per room and per night |

Smoking Non-smoking

Breakfast buffet included – VAT included – City tax: EUR 1 per person and per day not included
Accounts are payable in HRK according to daily exchange rate of the Croatian National Bank
Check-in time: after 14:00 hours - Check-out time: before 12:00

In order to guarantee accommodation please supply your credit card details :

CREDIT CARD TYPE:
CREDIT CARD NUMBER:
EXPIRY DATE: CARD HOLDER:

CANCELLATION POLICY: Reservations guaranteed by credit card can be cancelled up to 18.00 hours on the arrival day at no charge. In case of a no-show, The Westin Zagreb hotel will charge 1 overnight to the credit card provided.

PLEASE SEND THIS FORM BEFORE April 1st 2016. All reservations after April 1st 2016 are subject to availability and The Westin Zagreb hotel reserves right to change the accommodation rate.

The Westin Zagreb Hotel
Kršnjavoga 1, Zagreb – Croatia 10000
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e-mail: reservations@westinzagreb.com

GUEST SIGNATURE: DATE: