



RESERVATION FORM FOR PARTICIPIANTS OF ABDOS CONFERENCE

Single room / 80 eur (breakfast included)

Double room / 90 eur (breakfast included)

NAME : Phone :
COMPANY : Fax. :
ADDRESS : E-mail :

I hereby authorize Crystal Hotel Belgrade to debit my credit card for the stay of:

Mr./Mrs.:
from To for night(s)
Reservation N°:

Credit card N°: [grid]

Expiry date: [grid] / [grid] Cardholder's name :

For the amount of:

Date : _____

Please send Your reservation form on e-mail: office@crystalhotel.rs

Please find attached copies of both sides of my credit card as well as of my i.d./passport

Cardholder's signature : _____ Date : _____