



# International Society for Quality of Life Research Annual Meeting 12-17 November 2003 Hilton Prague | Czech Republic

## Housing Form

Please fill this form and fax or mail to Groups & Conventions Incoming department at the HILTON PRAGUE  
no later than October 12th, 2003

### PERSONAL INFORMATION

\_\_\_\_\_  
First & Family Name

\_\_\_\_\_  
Company

\_\_\_\_\_  
Address  business  home

\_\_\_\_\_  
City ZIP / Postal Code

\_\_\_\_\_  
Country

\_\_\_\_\_  
Daytime Phone – Country Code (City / Area Code) Number

\_\_\_\_\_  
Fax Number – Country Code (City / Area Code) Number

\_\_\_\_\_  
E-mail Address

\_\_\_\_\_  
Arrival Date Departure Date

### ACCOMODATIONS

**RATES:** Single room rate EUR 148,- per room per night  
Double room rate EUR 162,- per room per night.

The above rates include buffet-breakfast, include 5% VAT, City Tax and Service charges. Rates available November 09th, 2003 to November 17th, 2003.

**Info:** The guest acknowledges joint and several liability for all services rendered until full settlement of the bill. Management takes no responsibility for valuables left in the guest room. Safety deposit boxes are provided without charge at the Front Desk. Departure time is 12 noon. Personal cheques are not accepted.

For visa requirements please refer to [www.mzv.cz](http://www.mzv.cz) ▷ English version ▷ travel & living abroad

Select Type of Room Desired:

- Single Occupancy – 1 bed, 1 person  
 Double Occupancy – 1 bed, 2 persons  
 Triple Occupancy  Double Occupancy – 1 twin bed

- Smoking  Non Smoking

List all persons you will be sharing a room with:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Special requests

### DEPOSITS AND PAYMENT INFORMATIONS

I guarantee my arrival and the payment of my account with the following credit card:

- Credit Card:  American Express  Diners Club  
 Discover  Master Card  VISA

\_\_\_\_\_  
Credit Card Number

\_\_\_\_\_  
Expiration Date

\_\_\_\_\_  
Name on the Card

\_\_\_\_\_  
HHonours Card Type & Nr.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Cardholder Signature

**INFO:** Please be informed, that your reservation can only be proceeded if your credit card number is added at this page or a deposit payment (for the total nights of your stay times the above mentioned room rate) is done via bank-transfer. In case of nonarrival or not arrival as reserved above, the hotel holds the rights to charge you accordingly as reserved above in case the reservation was not cancelled or amended 48 hours before the arrival. Please further more be advised that your reservation will be held overnight and is guaranteed for late arrival. We cannot guarantee availability for reservations made later then October 12th, 2003 – reservations then only can be confirmed upon availability. We also cannot guarantee an availability and rates if the contracted roomblock is filled earlier than October 12th, 2003.

Once your reservation is processed, a confirmation will be sent to you at the contact numbers provided.

Bank account:

Zivnostenska banka, Na Prikope 20, Acc.No. 129108004/0400

### SUBMIT THIS FORM (one form per room)

- By Fax: +420 22484 2741  
By Phone: +420 22484 2345  
By E-mail: [petra\\_solcanska@hilton.com](mailto:petra_solcanska@hilton.com)  
By Mail: **Hilton Prague**  
Pobrezni 1, 186 00 Prague 8  
Czech Republic

**THANK YOU – for choosing HILTON PRAGUE!**  
(to be filled by Hilton Prague only)

With pleasure we confirm your reservation:

Confirmation nr.: \_\_\_\_\_

Signature: \_\_\_\_\_