

Reservation Form

**Hyatt Regency Belgrade** looks forward to having you as a guest during the

**4th Congress of Orthodontic Association**

### 23-25/11/2018

This reservation form should be used to secure a room. Should you require a room outside the dates, hotel's Reservations Department will advise you of availability and rates and all reservations will be accepted subject to availability at the best rate available at that time. Listed below are the current best prices for **4th Congress of Orthodontic Association** participant's accommodation. Number of rooms under below proposed special rate is limited. We kindly request you make the reservation by no later than the 23rd October, 2018

**All reservations are subject to availability**.

**Room requirements (please tick) Number of rooms required**

|  |  |  |  |
| --- | --- | --- | --- |
|[ ]  King Room – Single Use **90 EUR** |[ ]  King Room – Double Use **105 EUR** |  | Click here to enter text. |
|  |  |  |  |  |  |
|[ ]  Twin Room – Single Use **90 EUR** |[ ]  Twin Room – Double Use **105 EUR** |  | Click here to enter text. |

Particular Requirements: Non-Smoking

**Rates are per night and include breakfast and internet. Rates are subject to VAT (10%) and tourist tax (EUR 1.5 p.p.).**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |   | Position/Title: | Click here to enter text. |
|  |  |  |  |  |  |
| Company: | Click here to enter text. |  |  |  |
|  |  |  |  |  |  |
| Address: | Click here to enter text. |
|  |  |  |  |  |  |
| City: | Click here to enter text. | Post Code: | Click here to enter text. | Country: | Click here to enter text. |
|  |  |  |  |  |  |
| Phone: | Click here to enter text. | Fax: | Click here to enter text. |  |  |
|  |  |  |  |  |  |
| e-mail: | Click here to enter text. |  |  |

Reservations should be made using this form or by entering rate code G-ORTO on the web page belgrade.regency.hyatt.com. **No reservations will be confirmed nor guaranteed unless credit card details are supplied**. PCI (Payment Card Industry) standards are in place, please when sending reservation form provide reservation guarantee (credit card details) by contacting Reservation department by phone or by Authorization Form provided.

**In the event that confirmed reservation fail to check-in (No show), penalty of full length stay will be charged on provided reservation guarantee.**

**Cancellation of the reservation can be done by 23rd October, 2018 without penalty. If cancellation is done after 23rd October, 2018 penalties are charged full length of confirmed/guaranteed stay.**

*Please send this form to the attention of: For Hotel Use:*

|  |  |  |
| --- | --- | --- |
| **Hyatt Regency Belgrade** **Reservation Department**Milentija Popovica 5, 11070 Belgrade, Serbia Telephone: (381) (11) 301-1234Fax: (381) (11) 311-4758E-mail: reserve.hrbelgrade@hyatt.com |  | Confirmation number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ROOM BLOCK: G-ORTO Comments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Please note that any changes made to your reservation have to be notified in writing to the hotel at the following address** **reserve.hrbelgrade@hyatt.com**

**CREDIT CARD AUTHORIZATION FORM**

|  |
| --- |
| **Hotel:** **Serbia – Hyatt Regency Belgrade***\*Hyatt Place and Hyatt Summerfield Suites do not accept this form* |
| **Individual/Reservation/Group or Event Name:** | Click here to enter text. |
| **Reservation Confirmation Number:** | Click here to enter text. |
| **Arrival and departure date:** | Click here to enter text. |
| **Credit Card Billing Address:** | Click here to enter text. |
| **City / State / Zip / Country:** | Click here to enter text. |
| **Contact Phone Number:** | Click here to enter text. |

**I hereby authorize the following charges to be applied to the following credit card.**

**Check all that apply:**

|  |  |  |
| --- | --- | --- |
| [ ]  Room & Tax  | [ ]  Only Specific Incidentals  | [ ]  Gift Certificates  |
| [ ]  Food & Beverage  | [ ]  All Banquet Charges  | [ ]  Guest Amenity  |
| [ ]  All Incidentals  | [ ]  Resort Services Fee  | [ ]  Parking  |
|  | [ ]  Other - see comments  |  |

**I hereby authorize the following amount be applied to the**

**credit card (applicable sales tax and service charges may apply):** Click here to enter text.

**Comments:** Click here to enter text.

 **The credit card listed below may be billed for the estimated charges Ten (10) days prior to event/reservation date.**

|  |  |
| --- | --- |
| **Credit Card Number:** | Click here to enter text. |
| **Name on Card:** | Click here to enter text. |
| **Expiration Date:** | Click here to enter text. |
| **Phone Number:** | Click here to enter text. |

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature on Card Holder:** |  | **Current Date:** |  |

**Please fax this completed form to:**

**Hotel Fax #: +381 11 311 47 58**

For a list of all hotels and their contact information, please visit: <http://www.hyatt.com/hyatt/site-map.jsp>

All information is kept confidential and used only for the purposes as noted above.