

10 INTERNATIONAL CONGRESS of the Polish Cardiac Society

TRICITY – GDYNIA/SOPOT/GDAŃSK – 21-23 SEPTEMBER 2006 HOTEL RESERVATION FORM

Please complete this form and return to:

S.A.Z. S.A. First Class Travel Agency, 5, Nowowiejska Street, 00-643 Warsaw tel: + 48 22 57 87 155, + 48 22 57 87 156, + 48 22 57 87 157, + 48 22 825 29 05 fax: + 48 22 825 95 81, + 48 22 57 87 159, e-mail: kongres@firstclass.com.pl

Submit prior to Ju	ne 1, 2006				
Name and Surname					
Mailing Address					
Postal Code City			Country		
	Telephone/fax/e-	mail			
Single Double Check	c-in date Ch	eck-out date	2006	N° of nights	
Accompanying Person in double room					
Name of the hotel FORM OF PAYM	OT ENT FOR HOTE	EL (please tic		o be paid ate)	
• By Bank Transfer:		313 (produce tro	k uppropri	uio)	
S.A.Z. S.A. First Class Travel					
PL79 1140 1977 0000 2629 530	0 1008 with sign 1	.u Congress,	BKE BAN	IK o/ warszaw	
By Credit Card:					
UISA MASTER CARD	DINERS _	JCB	AMERICA	N EXPRESS	
Card Number:					
Expiration Date: MM Y					
Expiration Date. Will I		Ca	rd holder's nar	me	
Date	2006 r				

Signature



10 TH J U B I L E E INTERNATIONAL CONGRESS of the Polish Cardiac Society

IMPORTANT INFORMATION

- 1. After reciving completed form and payment for the chosen hotel First Class Travel Agency will send you a confirmation of your hotel reservation.
- 2. Paricipants make payments to the account of the SAZ S.A. First Class Travel Agency given on the other side of this form (by transfer or by credit card).
- If it's necessary for you First Class Travel Agency will send you an invoice for your hotel reservation.
- 4. In case of the reservation of double room please indicate the name of the person sharing the room with you. Please send us a copy of yor transfer order for all reserved nights.
- 5. The Organizer will make all the best to assure accommodation according to your preferences but in case it is impossible the choice of your hotel will depend on priority of receiving of reservation forms.

Please send a copy of your transfer order to the First Class Travel Agency with an information whom it concerns.

Exact data for invoice for the accommodation (only at your special request):

	Institution/Company or I	Name and Surname		
Mailing Address				
Date	2006 r.			
Date 2000 I		Signature		
		3		

Cancellation:

In case of hotel reservation cancellation, sent or emailed to First Class Travel Agency before **June 1, 2006**, full amount (less **20 PLN** of hadling fee), will be reimbursed. As of **June 1, 2006**, additional charge equal to one night hotel cost, will be applied. As of **September 1, 2006**, no refund will be made.