

RESERVATION FORM FOR CASA SIQUA

ORGANISER: European Project COST CA17118 „Identifying Biomarkers Through Transnational Research for Prevention and Stratification of Colorectal Cancer” (TRANSCOLOCAN)

LOCAL ORGANIZER: Faculty of Biology, University of Bucharest

Group name: TRANSCOLOCAN

Group code: WG3

Guest name 1: _____

Guest name 2: _____

ROOM TYPES:

Standard Room: LCD, mini fridge, bath & shower, hairdryer, tea & coffee making facilities, safe, FREE Wi-Fi internet.

Rate 1: 47 Euro

Rate 2: 51 Euro

Single use (1 person/ room)

Double use (2 persons-1 bed/ room) **OR**

Twin use (2 beds/ room)

The rates are per room, per night & inclusive of **Full Buffet Breakfast, FREE wireless INTERNET.**

Rates are inclusive of 5% VAT and 0.5% local tax.

Option date: mentioned special rates are applicable only by completing and sending this reservation form to the hotel e-mail geanina.jitaru@hotelsiqua.ro until **15th of September 2021.** After this date any requests received will be confirmed upon hotel's availability at the best rate of the day.

All reservations must be guaranteed. Accepted credit cards: VISA, VISA ELECTRON, MASTER CARD, MAESTRO

Credit Card: _____ No: _____ Expire Date: _____
 Card holder's name: _____ Signature: _____

Payment Method:

Cancellation Policy: In order to avoid any charges, kindly advise any changes in the reservation before **15th of September 2021.** Any cancellation received after this date as well as no-shows will be the subject of 100% charges from the entire period of stay of room accommodation and applicable taxes.

Preferences:

Special Request: Non – Smoking Handicap Accessible
 Bed request: Two beds One Single Bed
 Additional Special Requests:
 Expected Arrival Time:

Transportation can be assured with Economy Sedan at the special of 28 euros/person/way. Kindly fill in below if the transfer is needed:

Pick up Drop off
 Arrival time: _____ Departure time: _____
 Flight number: _____ Flight number: _____

Guest Contact details for confirmation:
 Email: _____ Phone: _____ Fax: _____ Date: _____