

**ISEE 8**  
**8<sup>th</sup> International Symposium on Earthworm Ecology**  
**September 4-9, 2006, Krakow, Poland**

**HOTEL RESERVATION FORM**

Please print this form, complete it and fax or mail it to:

Jagiellonian University  
 Office for Academic Events and Conferences  
 24 Gołębia Street  
 31-007 Kraków  
 Poland  
**Fax/phone: +48 /12/ 663 38 58**  
 E-mail: [cbin@adm.uj.edu.pl](mailto:cbin@adm.uj.edu.pl)

**Notes:**

Please use the form shown below to make your selections for hotel accommodations.

Please return this form as soon as possible. In order to assure your preferences, this FORM (**all pages**) must be received by Office for Academic Events and Conferences **before July 1, 2006, fax: (+48 12) 663 38 58**.

Family name \_\_\_\_\_ First name \_\_\_\_\_  Male  Female

Position:  Congress participant  Exhibitor

**Complete correspondence address** \_\_\_\_\_

Postal code \_\_\_\_\_ City \_\_\_\_\_ Country \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail (please print) \_\_\_\_\_

Name(s) of accompanying person(s) if any \_\_\_\_\_

**HOTEL ACCOMMODATION REQUEST**

Note: Hotel prices are quoted in EURO. The Polish Zloty rate on 19 January, 2006 was as follows: 1 EUR = 3,8388 PLN. In case of change of the exchange rate of EURO (more than 10%), hotel prices will change accordingly.

- Rates at the hotel are per room, per night – breakfast and tax are included.
- Hotels are situated within walking distance of the Old Town.
- Please indicate first and second choice by using A and B
- Reservations will be handled on a “first-come, first-served” basis.
- The Conference Secretariat will try to respect your hotel choices, but reserves the right to make alternative accommodations at another hotel if your first choice is no longer available.
- **Additional pricing information:** all visitors to Krakow have to pay city tax 1.60 PLN/person/day (approx.: 0.40 EUR). It is paid separately at the reception.

Hotel's Name	Rates per night (in EURO)		Hotel Choice (A or B)	Required deposit (tick, please)*
	Single Room (tick, please)	Double Room (tick, please)		
<b>Novotel****</b> 5 T. Kosciuszki St.	141	152		152
<b>Fortuna Bis****</b> 25 Pilsudskiego St.	85	115		115
<b>Fortuna****</b> 5 Czapskich St.	85	115		115
<b>Cracovia****</b> 1 Foscha Av.	72	105		105
<b>Student Dormitory "Nawojka"</b> 11 Reymonta St. (without breakfast)	25	32 25 (one bathroom for two rooms)		32
		38 triple 32 triple (one bathroom for two rooms)		

DATE OF ARRIVAL \_\_\_\_\_ DATE OF DEPARTURE \_\_\_\_\_

I ENCLOSE THE DEPOSIT IN EURO \_\_\_\_\_

(\*The deposit is equal to the higher of the two preferences and will be deducted from the total hotel accommodation price)

**THIS RESERVATION FORM WILL NOT BE PROCESSED IF THE FORM IS RECEIVED WITHOUT A VALID CREDIT CARD NUMBER OR THE BANK TRANSFER OF THE PAYMENT IS NOT RECEIVED BY July 1, 2006.**

100 % refund of deposit is possible (minus banking charges associated with the transfer)  
**before July 1, 2006.**

After this date no refunds will be possible.

**PAYMENT CAN BE MADE AS FOLLOWS:**

Hotel deposits should be made payable to the Jagiellonian University – **ISEE 8** and should be sent to:

**Jagiellonian University BOIN, ul. Gołębica 24, 31-007 Kraków, Poland**

Please indicate which of the following means of payment you wish to use:

(In case of a bank transfers, please cover the banking charges).

**Bank transfer to:**

Jagiellonian University BOIN, Bank: BPH S.A. O/Kraków, Account number:

IBAN: PL 75 1060 0076 0000 3300 0015 7610, SWIFT: BPHK PL PK

(please give the reference '**ISEE 8/hotel deposit**', as well as **the name of the participant**. Do not forget to bring a copy of a document confirming your payment).

**Credit card**

**Please note: credit card accounts will be charged with the hotel deposit indicated above if the participant cancels the reservation after July 1, 2006.**

**I authorise the Jagiellonian University, Office for Academic Events and Conferences to charge the amount of EUR ..... to the following credit card:**

Eurocard/Mastercard     JCB Card     Visa     American Express     other

Card number \_ \_ \_ \_ / \_ \_ \_ \_ / \_ \_ \_ \_ / \_ \_ \_ \_

Expiry date: \_\_\_\_\_ / \_\_\_\_\_ (month/year)

Name of cardholder \_\_\_\_\_

Billing address \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

### INVOICE REQUEST

Please draw an invoice with VAT included.

**Please note that the invoice can be drawn only to the remitter.**

#### Charge to:

Institution: .....

.....

Address: .....

.....

**VAT number:** .....

Amount: .....

Invoice should be dispatched to: .....

.....

**Signature:** .....