



For Conference

"Film and Analytical Psychology"

Participants

REGISTRATION/AUTHORIZATION FORM

I, _____ (credit card owner/guest), authorize **Opera Hotel** to charge for:

Check in date: _____ Check out date: _____

Room type: SINGLE DBL TRIPLE

Room special price for the period 22/25.05.2020.

SINGLE 71 EUR / DOUBLE 81 EUR / TRIPLE 91 EUR

Room rate expressed above **includes** accommodation in renovated rooms, breakfast (buffet), VAT, free Wi-Fi internet in rooms and in public areas, safe, cable TV...
Room rate expressed above **does not include** city tax, service of mini bar, laundry service.

City tax costs 159 RSD (approx. 1,35 eur) per person, per day.

Please mark hotel service that you would like to pay:

Accommodation and city tax Accommodation, breakfast and city tax

Extra expences All guest expences

Total to be charged (EUR): _____

Payment must be in dinars, according to official rate of National Bank of Serbia.

Credit card details: American Express Visa Mastercard

Credit card number: _____

Expiration date: ____ / ____

CVC code: _____

Company name and address that should be on the invoice:

Your signature represents your consent for payment of listed expences and all possible damage made by guest during their stay in the hotel.

Signature of credit card owner: _____ **Date:** _____

Phone: _____ E - mail address: _____