

# Hotel reservation form

## Conference of Ukrainian Bar Association «Legal regulation of ART treatment and surrogacy. Do we need changes?»

13 October 2016, Radisson BLU Hotel (Yaroslaviv Val 22, 01034 Kyiv, Ukraine)

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**Personal details** (Please attach your business card or write in block capitals)

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_

Tel \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Will arrive on (day) \_\_\_\_\_ (date) \_\_\_\_\_ (time) \_\_\_\_\_

Will depart on (day) \_\_\_\_\_ (date) \_\_\_\_\_ (time) \_\_\_\_\_

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**Please select room options:**

The rates below are quoted per room per night and are inclusive of VAT, Breakfast; high speed wireless internet access and entrance to Pace Fitness Centre. 1% of city tax will be added on top of the quoted rates. The rates quoted in EUR are to be converted and paid in UAH using hotel commercial exchange rate valid on the particular day of stay.

- |   |   |
|---|---|
| <input type="checkbox"/> Standard single room € 140 | <input type="checkbox"/> Business class single room € 180 |
| <input type="checkbox"/> Standard double room € 160 | <input type="checkbox"/> Business class double room € 200 |

The Hotel's **check-in time is 3.00 pm**. The Guest might be provided with a room before 3.00 pm only upon availability. **Check-out is requested by 12.00 noon.**

**Cancellation Policy:**

All reservations are requested to be guaranteed by credit card. The reservation can be cancelled till 6pm on the 5th of October 2016. All cancellations received after 6pm on the 5th of October 2016 will be charged penalty equal to the confirmed room rate for the first night reserved.

**Please complete one of the following methods of payment:**

Charge to:  MasterCard  American Express  Visa

**I, undersigned, authorize Radisson BLU Hotel Kyiv to charge the card below for the penalty equal to the confirmed room rate for first night in case of no-show or cancellation after 6 pm 05 October 2016.**

Card number \_\_\_\_\_ Expiration date \_\_\_\_\_

Name as it appears on the card \_\_\_\_\_

Signature authorizing payment \_\_\_\_\_

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**Please complete and return this form directly to the hotel no later than Thursday 05<sup>th</sup> October 2016. After 05/10/2016 hotel has the right to apply rates upon availability. Any written or printed Reservation form that has been altered may be rejected by the hotel.**

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**Please fax the form to: Radisson BLU Hotel Kyiv – Reservation Department**

[mikhail.filippov@radissonblu.com](mailto:mikhail.filippov@radissonblu.com)

Fax: +380 (44) 492 22 15

**Copy to: Victoriia Dotsenko, [komitet@uba.ua](mailto:komitet@uba.ua)**

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If you expect a confirmation of your booking from the Hotel, please make sure that you have indicated your e-mail/fax number above.