### Astana Biotech-2024

###  30-31 May, 2024

### Park Inn by Radisson Hotel, Astana, Kazakhstan

### Hotel Reservation Form

*Please complete all sections below and send this form directly to* ***Reservation Department***

***Fax number: ++7 7172 670 670; Direct Tel: +77172 67 00 34/35/36***

***Email:*** ***reservation.astana@parkinn.com***

|  |  |
| --- | --- |
| *Title (Dr., Mr., Ms., Mrs., etc.)* |  |
| *First name:* |  |
| *Last name:* |  |
| *Telephone number:* |  |
| *Facsimile number:* |  |
| *E-mail Address:* |  |
| *Arrival Date/Flight details/Time:* |  |
| *Departure Date/Flight details/Time:* |  |
| *Total number of nights*  |  |
| *Airport pickup/drop off\* (Yes/No):* |  |

|  |  |  |
| --- | --- | --- |
| ***Room type*** | ***Special Room Rate per room per night, TENGE\**** | ***Check box*** |
| ***Standard Single*** | ***25 000,00*** | *[ ]*  |
| ***Standard Double*** | ***33 000,00*** | *[ ]*  |

*\*The rates include Buffet Breakfast, unlimited WI-FI internet access, «eXercise» fitness access and VAT at 12%.*

\*\**The rates are applicable for the participants of* **Astana Biotech-2024** *- only.*

***PAYMENT INSTRUCTIONS***

***PLEASE NOTE THAT THE ROOM RATES ARE QUOTED AND WILL BE CHARGED IN LOCAL CURRENCY (KAZAKH TENGE).***

|  |  |
| --- | --- |
| CANCELLATION POLICY**Please note that the following cancellation fees will be applied:***- any cancellations received 72 hours before arrival are free of charge* *- any late cancellations (after 72 hours) are subject to 100% charge of the full stay* **- any no-shows are subject to 100% charge of the full stay.** | ***ADDITIONAL INFO*****Hotel check in time – 2 pm (14.00)****Hotel check out time – 12 noon (12.00)**In order to guarantee direct access to the room upon early arrival (before 2 pm) the room has to be booked the night prior. |

Please guarantee your reservation by quoting your credit card details below.

Please note quoting your credit card details you agree with Hotel cancellation policy and any cancellations or no show fees will be charged from the credit card provided.

|  |  |
| --- | --- |
| *Credit Card Type (AX, VA, MC)* |  |
| *Credit Card Number:* |  |
| *Expiration Day:* |  |
| *Signature of credit card holder:* |  |

THE ABOVE FORM IS NOT VALID WITHOUT CREDIT CARD INFORMATION

WE LOOK FORWARD WELCOMING YOU TO RADISSON HOTEL, ASTANA