

# 23<sup>rd</sup> IFIP TC 7 Conference on System Modeling and Optimization

23–27 July 2007, Krakow, Poland

## HOTEL RESERVATION FORM

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

Jagiellonian University Events Office  
24, Gołębia Street  
31-007 Krakow  
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 Jagiellonian University Events Office **before May 15th, 2007, fax: (+48 12) 663 38 58**.

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

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:

- In case of change of the exchange rate of € (more than 10%), hotel prices will change accordingly.
- Hotel rates are per room, per night – breakfast and tax are included.
- All the hotels are situated within walking distance of the Old Town and the conference venue.
- 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 €)			Hotel Choice (A or B)	Required deposit (tick), please)*
	Single Room (tick, please)	Double Room (tick, please)	Suite (tick, please)		
<b>Radisson *****</b> 17, Straszewskiego St.	160	170			170
<b>Novotel****</b> 5 Kościuszki St.	157 executive 182	169 executive 194			194
<b>Rezydent***</b> 9, Grodzka St.	78	103 for single use 98			103
<b>Wawel-Tourist***</b> 22 Poselska St.	81	116 for single use 95	146		146
<b>Floryan***</b> 38, Floriańska St.	116	127			127
<b>Logos***</b> 5, Szujskiego St.	68	95			95
<b>Fortuna***</b> 5 Czapskich St.	81	110			110
<b>Fortuna Bis****</b> 25 Pilsudskiego St.	81	110 triple 130			130
<b>University Guest House **</b> 49 Florianska St. .	60	95			95
<b>University Guest House "Pigoniówka"***</b> 7a, Garbarska St.	60	95			95
<b>Student Dormitory "Zaczek"</b> 5, 3-go Maja Av. (without breakfast, one bathroom for two rooms)	25	38 triple 45			45
<b>Student Dormitory „Nawojka”</b> 11, Reymonta St. (without breakfast, one bathroom for two rooms)	25	30 triple 36			30

**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 PAYMENT  
IS NOT RECEIVED BY MAY 15th, 2007.**

100 % refund of deposit is possible (minus banking charges associated with the transfer)  
before **May 15th, 2007**. After this date no refunds will be possible.

**PAYMENT CAN BE MADE AS FOLLOWS:**

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

**Jagiellonian University BOI, ul. Gołębia 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 BOI, 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 '**IFIP**'/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 ONLY if the participant cancels the reservation after May 15th, 2007.**

**I authorise the Jagiellonian University Events Office 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:** .....