Tbilisi, Georgia 7-9 June, 2017 WCO IT 2017 Conference & Exhibition

COSTE HOTEL REGISTRATION FORM

Please, complete the details below, and e-mail this form, attached ID card and copy of credit card to:

Mr. Robert Arzumanov

Hotel Coste

Tel.: +995 32 219 11 11		
E-mail: info@hotelcoste.ge		
-		
Name of the guest:		
Address:		
Telephone number:		Fax number:
E-mail address:		Number of Rooms:
Arrival Date/Time:		Departure Date/Time:
Special Room rate:		
☐ USD 90 Single / ☐ USD 100 Double p☐ USD 120 Junior Suite for single use / ☐		or Suite for double use per night*
* The rates include Breakfast and 18% VAT;		
Rooms can be booked until 20 May 2017 adone upon room & rates availability.	at the above m	nentioned rates. After this date the reservations will be
Additional requests: ☐ Non smoking room ☐ Room with I King Size Bed ☐ Extra bed (USD 30)		☐ Smoking room☐ Room with 2 Separate Beds
PLEASE NOTE THAT A LIMITED NUMBER O REGISTER EARLY.	F ROOMS ARE	AVAILABLE FOR EACH RATE CATEGORY. PLEASE
ALL RESERVATIONS MUST BE GUARANTEEI You can use one of the following Credit Cards:		DIT CARD:
☐ American Express Card Holder's Name:	□ Visa	☐ Master Card
Card Number:		Exp. Date:
Cancellation and No Show:		
The room can be cancelled free of charge until of total room revenue.	20 May 2017. Ti	ne cancellation after this date will result in 100% cancelation fee
Other information:		
Check in time: 14.00pm Check out time: 12:00 pm Early check-in: 100% fee of previous day Late Check out: upon availability of the hotel		
Date		Signature

The reservation is confirmed only after receiving the confirmation number from the hotel.