

**VIENNA SUMMER PROGRAM - 2009**  
**LOYOLA UNIVERSITY COLLEGE OF LAW**  
**Prague**  
**July 10, 11 & 12 (3 nights)**

**Hotel Metamorphis**

**Malá Stupartská 5/636, Tynsky dvur, 110 00 Praha 1**

**Fax # 011 420-2-2177 1099 (dialing from the United States)**

Name: \_\_\_\_\_

Credit Card: \_\_\_\_\_ Exp. Date \_\_\_\_\_

(Type, Number, Expiration Date)

**Please mark the type of accommodation preferred**

1. \_\_\_\_\_ Double Occupancy\*  
Euro 111 - includes breakfast
  
2. \_\_\_\_\_ Triple Occupancy  
Euro 143 – includes breakfast
  
3. \_\_\_\_\_ Single Occupancy\*  
Euro 104 - includes breakfast
  
4. Roommate Assignment: List the name and credit card # (for their reservation) of the person(s) with whom you will share a room while in Prague.

Name \_\_\_\_\_

Credit Card \_\_\_\_\_ Exp. Date \_\_\_\_\_

(Type, Number, Expiration Date)

Name \_\_\_\_\_

Credit Card \_\_\_\_\_ Exp. Date \_\_\_\_\_

(Type, Number, Expiration Date)

- Note: The double or triple occupancy rates in Prague will apply only when the room is actually occupied by two (for the double rate) or three (for the triple rate) persons.

**PLEASE NOTE: ONLY 1 FORM PER ROOM IS REQUIRED**

**HOTEL CONFIRMATION**

Please return confirmation by:

e-mail: \_\_\_\_\_ fax#: \_\_\_\_\_

Confirmation # \_\_\_\_\_

**VIENNA SUMMER PROGRAM - 2009**  
**LOYOLA UNIVERSITY COLLEGE OF LAW**  
**Salzburg**  
**July 18 & 19 (2 nights)**

**Hotel Schwarzes Rössl**  
**Priesterhausgasse 6, 5020 Salzburg**  
**Fax # 011 431 4017620 (dialing from the United States)**

Name: \_\_\_\_\_

Credit Card: \_\_\_\_\_ Exp. Date \_\_\_\_\_

(Type, Number, Expiration Date)

**Please mark the type of accommodation preferred**

1.     \_\_\_\_\_ Double with bath\*  
          Euro 41 per person - includes breakfast
  
2.     \_\_\_\_\_ Triple with bath - Extra bed\*  
          Euro 31 per person including breakfast
  
3.     \_\_\_\_\_ Single with bath\*  
          Euro 41 per person - includes breakfast
  
4.     \_\_\_\_\_ Single without bath\*  
          Euro 31 per person - includes breakfast
  
5.     Roommate Assignment: List the name and credit card # (for their reservation) of the person(s) with whom you will share a room while in Salzburg.

Name \_\_\_\_\_

Credit Card \_\_\_\_\_ Exp. Date \_\_\_\_\_

(Type, Number, Expiration Date)

Name \_\_\_\_\_

Credit Card \_\_\_\_\_ Exp. Date \_\_\_\_\_

(Type, Number, Expiration Date)

- Note: The double or triple occupancy rates in Salzburg will apply only when the room is actually occupied by two (for the double rate) or three (for the triple rate) persons.

**PLEASE NOTE: ONLY 1 FORM PER ROOM IS REQUIRED**

**HOTEL CONFIRMATION**

Please return confirmation by:

e-mail: \_\_\_\_\_ fax#: \_\_\_\_\_

Confirmation # \_\_\_\_\_

**VIENNA SUMMER PROGRAM - 2009  
LOYOLA UNIVERSITY COLLEGE OF LAW**

**Hotel Atlas**  
**Lerchenfelderstrasse 1-3, A-1070 Wien**  
**Fax # 011 431 4017620 (dialing from the United States)**

Name: \_\_\_\_\_

Credit Card: \_\_\_\_\_ Exp. Date \_\_\_\_\_  
(Type, Number, Expiration Date)

**Please mark the type of accommodation preferred**

1. \_\_\_\_\_ Double with bath\*  
Euro 29 per person - includes breakfast
  
2. \_\_\_\_\_ Triple with bath\*  
Euro 25 per person including breakfast
  
3. \_\_\_\_\_ Single with bath\*  
Euro 42 per person - includes breakfast
  
4. Roommate Assignment: List the name and credit card # (for their reservation) of the person(s) with whom you will share a room while in Vienna.

Name \_\_\_\_\_

Credit Card \_\_\_\_\_ Exp. Date \_\_\_\_\_  
(Type, Number, Expiration Date)

Name \_\_\_\_\_

Credit Card \_\_\_\_\_ Exp. Date \_\_\_\_\_  
(Type, Number, Expiration Date)

- Note: The double or triple occupancy rates in Vienna will apply only when the room is actually occupied by two (for the double rate) or three (for the triple rate) persons.

**PLEASE NOTE: ONLY 1 FORM PER ROOM IS REQUIRED**

**ARRIVAL DATE:** \_\_\_\_\_

**DEPARTURE DATE:** \_\_\_\_\_

**I WILL CHECK OUT ON WEEKENDS: YES  NO**

**HOTEL CONFIRMATION**  
Please return confirmation by:

e-mail: \_\_\_\_\_ fax#: \_\_\_\_\_



**VIENNA SUMMER PROGRAM - 2009**  
**LOYOLA UNIVERSITY COLLEGE OF LAW**

**Gastehaus Pfeilgasse**  
**Pfeilgasse 4, A1080 Vienna**  
**Fax # 011 431 4017620 (dialing from the United States)**

Name: \_\_\_\_\_

Credit Card: \_\_\_\_\_ Exp. Date \_\_\_\_\_  
(Type, Number, Expiration Date)

**Please mark the type of accommodation preferred**

1. \_\_\_\_\_ Double - bath on the hall\*  
Euro 20 per person - includes breakfast
  
2. \_\_\_\_\_ Triple - bath on the hall\*  
Euro 18 per person including breakfast
  
3. \_\_\_\_\_ Single - bath on the hall\*  
Euro 25 per person - includes breakfast
  
4. Roommate Assignment: List the name and credit card # (for their reservation) of the person(s) with whom you will share a room while in Vienna.

Name \_\_\_\_\_

Credit Card \_\_\_\_\_ Exp. Date \_\_\_\_\_  
(Type, Number, Expiration Date)

Name \_\_\_\_\_

Credit Card \_\_\_\_\_ Exp. Date \_\_\_\_\_  
(Type, Number, Expiration Date)

- Note: The double or triple occupancy rates in Vienna will apply only when the room is actually occupied by two (for the double rate) or three (for the triple rate) persons.

**PLEASE NOTE: ONLY 1 FORM PER ROOM IS REQUIRED**

**ARRIVAL DATE:** \_\_\_\_\_

**DEPARTURE DATE:** \_\_\_\_\_

**I WILL CHECK OUT ON WEEKENDS: YES  NO**

**HOTEL CONFIRMATION**

Please return confirmation by:

e-mail: \_\_\_\_\_ fax#: \_\_\_\_\_