

AUTOMATIC LOADING

CONTRACT PERIOD: 02/01/2017 Date From: 02/01/2017 Date Until: 01/01/2018

Loading Information (for internal use only)

Supplier / Direct / Third	Direct	Product (A,B,C)	194	Paying Child:
Type	Renewal	Contract Name	ALL MARKETS	Short Name: CG-NR
Supplier Name Alias	CONGRESS CENTRE	Adas Code	33258	

PROPERTY NAME: HOLIDAY INN CONGRESS CENTRE OFFICIAL CATEGORY: 4* SUPPLIER COMPANY: Kongresové centrum Praha, a.s.
 ADDRESS: NA PANKAČI 15 HOTEL TOTAL ROOMS N°: VAT NUMBER CZ63080249
 POSTAL CODE: 14021 DESTINATION: PRAGUE FAX: 420 298 895 010
 COUNTRY: CZECH REPUBLIC ZONE: NUSLE E-mail: reservation@holidayinn.cz
 CURRENCY: EUR OBSERVATIONS: TELEPHONE: 420 298 895 001

Board Base (BB/ HB/ FS/ AI/ ROI): BB Contract Type: NONREFUNDABLE Commission: 14%
 ACC HOLDER: Kongresové centrum Praha, a.s.
 BANK: Komercni banka a.s.
 BANK ADDRESS: Na Příkope 33089 Praha 1 11407
 IBAN: CZ8001000001076945690207
 SWIFT-CODE: KOMBCZPP

Allot Free Sale	Stand Capacity	Max rooms available	Room	Character	Rooms Linked	Room Capacity			Use Total	RATES PER ROOM PER PERIOD	
						min	medium	max		02/01/2017	01/01/2018
	2		DBT	ST		1	2	1	3		
	1		SGL	ST		1	1	0	1		
FREE SALE	3		DBT	E2		1	3	0	3		

Rooms Linked: No VAT Incl: Yes No Release period: 14
 Final public rates per room and day on the stipulated board base, Hotel Commission to provide and input. BAR rates less the commission. All taxes and service charges are included. Rates are valid for all markets.

Supplements per person per day		Room		Calendar		Age From		Age To		Children		Nights bed		Breakfast		% Discount		Amount	
Typelmeals	Assesed	Room	Calendar	Age From	Age To	Children	Nights bed	Inclusive	% Discount	Amount									
Room Only	Included	DBT	ST	0		1	NO	Inclusive											
Breakfast	Included	DBT	ST				NO	Inclusive											
Half Board	Included																		
City Tax	Included																		
Extra Bed	Included																		

RESERVATIONS :

Cancellation: Not accepted in case of cancellation at No Show. Free of charge. Final public rates per room and day on the stipulated board base, Hotel Commission to provide and input. BAR rates less the commission. All taxes and service charges are included. Rates are valid for all markets.
 Extra Sales: Free sales are subject to "check out" dates from the hotel. Reservations will be accepted within a 12 hour period (working days) after receipt of hotel notification.
 Bookings: Each booking will be sent by fax or e-mail (in PDF format, Adobe Acrobat Reader software necessary).
 Hotel e-mail: reservation@holidayinn.cz or Fax:

Reservation Manager: Sales Manager: Katerina Galasova
 Revenue Manager: Accounts Manager:

GROUPS: Groups accepted Yes No Partrooms Mac Mac
 All individual contract rates Yes No If not, please use Annex for groups FOC away partrooms

OBSERVATIONS :

Close out dates :

HOTEL WILL UPDATE THE RATES AS PER BEST PUBLIC NONREFUNDABLE RATES. HOTEL WILL INVOICE THE RATES LESS THE COMMISSION.

On behalf of Hotel
 Name: [Redacted]
 Title: Agency
 Date: 22.09.2016

Signature: [Redacted]

By authorizing / signing this contract you are agreeing to work under the terms and Conditions as attached.

% of Total Sales	Scale From	Scale to
0		

The hotel authorizes [Redacted] to conduct the overrides and for marketing purposes. The hotel will accept reservations for the period of the offer. The respective release will, once the amount has been calculated, be made in the name of the SUPPLIER which gives its consent by signing this below.

SPECIAL OFFERS

OFFER TYPE	VALID PERIOD (DAY / MONTH / YEAR)
Others are valid for all bookings unless otherwise specified	
WALD PERIOD (DAY / MONTH / YEAR)	
F.O.C / COMPLIMENTARY ROOMS PER YEAR	

On behalf of Hotel
 Name: [Redacted]
 Title: [Redacted]
 Date: [Redacted]
 Signature: [Redacted]

AUTOMATIC LOADING

CONTRACT PERIOD: Date From: 02/01/2017 Date Until: 01/01/2018

Loading Information (for internal use only)
Supplier (Direct / Third):
Product (A/B/C):
Type: Renewal
Contract Name: ALL MARKETS
Supplier Name Alias:
Company Code:
Paying CHIR:
Short Name: CG-BAR
Alias Code: 33258

PROPERTY NAME: HOLIDAY INN CONGRESS CENTRE
ADDRESS: NA PANKRACI 15
POSTAL CODE: 14021
COUNTRY: CZECH REPUBLIC
CURRENCY: EUR
OFFICIAL CATEGORY: 4
HOTEL TOTAL ROOMS N°:
VAT NUMBER CZ63090249
SUPPLIER COMPANY: Kongresové centrum Praha, a.s.
FAX: 420 286 695 010
E-mail: reservation@holidayinn.cz
TELEPHONE: 420 286 695 001
ACC HOLDER: Kongresové centrum Praha, a.s.
BANK: Komercni banka a.s.
BANK ADDRESS: Na Příkopě 33/989 Praha 1 11407
IBAN: CZ6301000001078645690207
SWIFT-CODE: KOMBCZPP

Board Rate (BB/HB/PB/AL/ROI): BB Contract Type: BAR Commission:
RATES PER ROOM PER PERIOD

Table with columns: Allot Free Sale, Stand Capacity, Max rooms available, Room, Charact, Rooms Unltd, Min, Room Capacity, Max, 02/01/2017, 01/01/2018. Includes rows for DBT, SGL, ST, DBT, E2, DBT, ST, FREE SALE.

First public rates per room and day on the stipulated board basis. Hotel Commission to provide and include. Hotel available rates. Hotel should include VAT rates less the commission. All taxes and Service charges are included. Rates are valid for all markets.

Table with columns: Supplements per person per day, Type/mealment, Room Only, Breakfast, Half Board, City Tax, Earn Bed. Includes a sub-table for CHIR Discount Policy with columns: Room, Characteristics, Age From, Age To, Children, In parents bed, Breakfast, % Discount, Amount.

RESERVATIONS:
Cancellation:
Firm Sales: Firm sales are subject to 'Close out' dates from the hotel. Reservations will be accepted within a (2 hour) period (working days) after receipt of hotel notification.
Bookings: Each booking will be sent by fax or e-mail (in PDF format, Adobe Acrobat Reader software necessary)
Hotel e-mail: reservation@holidayinn.cz or Fax:
Sales Manager:
Revenue Manager:
Accounts Manager:
Katerina Cajdova

GROUPS:
Groups accepted: Yes/No
All individual contracts taken: Yes/No
If not, please use Annex for groups
F.O.C. every pedrooms
OBSERVATIONS:
Close out dates:
Sales Manager:
Revenue Manager:
Accounts Manager:
Katerina Cajdova

On behalf of Hotel:
Name:
Title:
Date: 22.09.2016
Signature:
By submitting / signing this contract you are agreeing to work with the terms and Conditions as attached.

HOTEL WILL UPDATE THE RATES AS PER BEST PUBLIC RATES. HOTEL WILL INVOKE THE RATES LESS THE COMMISSION.

On behalf of Hotel:
Name:
Title:
Date:
Signature:
By submitting / signing this contract you are agreeing to work with the terms and Conditions as attached.

2016-01-17