Order of accommodation in the objects of SKM UP

Palacký University Olomouc, Accommodation and Dining Services
Phone number: +420 585 638 016, +420 777 000 202, Email: hotel@upol.cz

Faculty: _____ Department: _____

Study programme: _____

Surname: _____ Name: _____ Sex: _____

Date of birth: _____ Nationality: _____ Passport no.: _____

Residence: _____

Telephone no.: _____ Email: _____

Accommodation from: _____ to: _____ Accompanied by (no. of people) ___

Classification of accommodation in the framework of UP main business   **Source:** _____

☐   *Long-term study stays of foreign students – at least one-month long (UP student status)*
☐   *Short-term accommodation of UP students*
☐   *Short-term exchange stays (Socrates, ACM, CEEPUS, etc.)*
   Payment: ☐ invoice (internal)   ☐ in cash (paid by the guest)

☐   *Long-term accommodation of people with a labour-law relationship with UP*
☐   *Short-term accommodation of people with a labour-law relationship with UP*
   Payment: ☐ invoice (internal)   ☐ in cash (paid by the guest)

☐   *Participants in events organized by UP – participants of congresses, sporting and study events, etc.*
   Payment: ☐ invoice (internal)   ☐ in cash (one receipt)

Classification of accommodation in the framework of UP ancillary business   **Source: 90**☐   **95**☐

☐   *Long-term study stays of students from universities and secondary schools (at least one month)*
☐   *Short-term accommodation of UP guests*
☐   *Short-term accommodation of participants in sporting and other events organized by UP*
☐   *Long-term stays of other people (at least one month)*
   Payment: ☐ invoice (internal)   ☐ in cash (paid by the guest) ☐ in cash (one receipt)

We demand to confirm the order: ☐ YES   ☐ NO

Check-in: after 14 PM   **Check-out: before 10 AM**
Technical break of the reception desk: **5 PM – 6 PM; 11 PM – 12 AM**

In case of cancellation of the order less than 4 working days before the check-in, the cancellation fee will be charged in full.

_____   _____
                Client   **Approved by (budget administrator)**
        name, signature, phone   name, signature, phone