

Hotel Reservation Form for NOVOTEL KRAKÓW CITY WEST (4 star)

ul. Armii Krajowej 11, 30-150 Kraków
Tel.: +48 12 622 64 00, Fax: +48 12 622 64 05

IST 2018 : 15-18.10.2018

Last Name: _____ First Name: _____
Name of Organization: _____
Address: _____
City, State, Zip: _____ Country: _____
Telephone: _____ Fax: _____
Email: _____
Arrival Date: _____ Departure Date: _____
Name of the Person Sharing Accommodations (if any): _____

Special prices:

- Single room (1 person) – 330 PLN per night
 Double/Twin room (2 persons) – 360 PLN per night

CREDIT CARD INFORMATION:

A valid credit card is **required** to guarantee your reservation. By signing below, you accept to abide by the stated terms and conditions. After cutoff date (**15.08.2018**) Your credit card will be charged with the amount of the all nights. In case of cancellation or no-show after **15.08.2018** Your credit card will be charged with the amount of the all nights. Acceptance of reservation after **15.08.2018** will depend on availability of hotel rooms and at standard hotel price.

The balance will be paid in PLN, upon check in.

Visa MasterCard American Express Diners Club

Cardholder's Name: _____
Credit Card Number: _____ Exp. Date: _____
Signature: _____ Date: _____
3 Digit Security Code _____

TERMS & CONDITIONS:

After the cutoff date, negotiated rates will be offered subject to availability. For any room cancellation, after the cut-off date or no show hotel will keep the deposit for all nights.

Date and signature

Please E-mail a PDF copy of the completed form to: e-mail H3407-SB@accor.com till **15.08.2018**