

HOTEL RESERVATION FORM

SMi

6.-8.3.2017 (2 nights)

Resevation number: 8915

Last name: _____ First name: _____

Telephone: _____ Fax: _____

Credit Card Details for guarantee of reservation - OBLIGATORY:

CC Number: _____ Expiry: _____

Arrival Date: _____ Time: _____

Departure Date: _____ Time: _____

Please Mark With -

Single Superior Room - € 99,00 per night, incl. Breakfast and VAT -

Double Superior Room - € 109,00 per night, incl. Breakfast and VAT -

- Twin - Kingsize bed

➤ Please send this form latest by 6.2.2017 otherwise we cannot guarantee the room availability.

Cancellation Policy: Your reservation is guaranteed by your Credit card. In case of cancellation till 30 days no charge will be applied. In case of cancellation between 29-15 days we will charge the first night to your CC. From 14 days we will charge the whole stay. The whole stay will be charged in case of No Show.

Contact person: Jana Jelinkova, Reservation department

Phone Number: 00420 296 353 404 **Fax Number:** 00420 296 889 998

Email: jana.jelinkova@viennahouse.com

Web: www.andelshotel.com

Guest Signature: _____

HOTEL CONFIRMATION:

Confirmation Number: _____

Date: _____ Signature: _____