

HOTEL RESERVATION FORM
Kentico/011012/CONF

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 Room - € 115,- per night, incl. Breakfast and VAT -

Double Room - € 125 ,- per night, incl. Breakfast and VAT -

- Non Smoking - Smoking - Twin - King-size bed

➤ **Please send this form latest by 01/09/12 otherwise we can not guarantee the room availability.**

➤ **Cancellation Policy:** Your reservation is guaranteed by your Credit card. In case of cancellation till 01/09/12 no charge will be applied. In case of cancellation between 02/09/12 – 15/09/12 we will charge the first night to your CC. From 16/09/12 we will charge the whole stay. The whole stay will be charged in case of No Show.

Contact person: Katerina Zimova, Reservations
Phone Number: 00420 296 882 202 **Fax Number:** 00420 296 889 998
Email: katerina.zimova@andelshotel.com
Web: www.andelshotel.com

Guest Signature: _____

HOTEL CONFIRMATION:

Confirmation Number: _____

Date: _____ **Signature:** _____