

## HOTEL RESERVATION FORM SMi Group 8.6.-10.6.2016

Last name:	First name:
Telephone:	Fax:
Credit Card Details for guarantee o	f reservation - OBLIGATORY:
CC Number:	Expiry:
Arrival Date:	Time:
Departure Date:	Time:
Please Mark With - ⊠	
Single Superior Room - € 129,00 per	night, incl. Breakfast and VAT - □
Double Superior Room - € 139,00 per	r night, incl. Breakfast and VAT - □
🗆 - Twin 💢 - King	gsize bed
> Please send this form latest by 08.05.2016 otherwise we cannot guarantee the room availability.	
In case of cancellation till 30 days	tion is guaranteed by your Credit card. no charge will be applied. In case of we will charge the first night to your CC. whole stay. The whole stay will be
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Guest Signature:	_
HOTEL CONFIRMATION:	
Confirmation Number:	
Date:	Signature: .