

## **HOTEL RESERVATION FORM**

SMi 4.-6.6.2017 (2 nights) Resevation number: 8927

Last name:	First name:
Telephone:	Fax:
Credit Card Details for guarantee of reservation - Of	BLIGATORY:
CC Number:	Expiry:
Arrival Date:	Time:
Departure Date:	Time:
Please Mark With - ⊠	
Single Superior Room - € 105,00 per night	t, incl. Breakfast and VAT - 🗖
Double Superior Room - € 115,00 per nig	ht, incl. Breakfast and VAT - 🗖
☐ - Twin ☐ - Kings	ize bed
Please send this form latest by 4.5.20 availability.	17 otherwise we cannot guarantee the room
· · · · · · · · · · · · · · · · · · ·	applied. In case of cancellation between 29-15 days from 14 days we will charge the whole stay. The
Contact person: Jana Jelinkova, Reservatio Phone Number: 00420 296 353 404 Fax Email: jana.jelinkova@viennahouse.com Web: www.andelshotel.com	·
Guest Signature:	
HOTEL CONFIRMATION:	
Confirmation Number:	
Date: Signatu	ıre: .