

Hotel reservation form
Booking period 25-30.09.2016
“ACK Cyfronet AGH”
Reservation no: 125704

Reservations must be made before 15 August 2016 to take advantage of this specially negotiated rate. Reservations received after 15 August 2016 will be confirmed upon availability at public rates

1. GENERAL INFORMATION		
Title: _____	First name: _____	Last Name: _____
Billing address: _____		Country: _____
Job Title: _____	City: _____	Zip/Postal code: _____
Company: _____		Street: _____
E-mail: _____	Tel: _____	Fax: _____
2. HOTEL RESERVATION		
ARRIVAL date: _____	DEPARTURE date: _____	Arrival TIME: _____
Check-in: 14:00 hrs		Check-out: 12:00 hrs noon
<i>Please tick accordingly, which room type you would like to book (*please note that this is subject to availability)</i>		
Room type:	Rate:	
<input type="checkbox"/> STANDARD room for 1 person	440,00 PLN/room/night	
<input type="checkbox"/> STANDARD room for 2 persons	482,00 PLN/room/night	
Room rates include breakfast, 8% VAT tax and use of swimming pool, sauna, Jacuzzi and Beauty Corner.		
3. METHOD OF PAYMENT		
All reservations must be guaranteed with a credit card (with valid expiry date). Bookings without credit card information or without an authorization signature will not be accepted. Copy of credit card (both sides) is obligatory to confirm reservation		
Please guarantee my room reservation with credit card as follows:		
<input type="checkbox"/> Visa	<input type="checkbox"/> Eurocard/MasterCard	<input type="checkbox"/> American Express <input type="checkbox"/> Dinners
Card number: _____	Expiry date: _____	
Name of cardholder: _____	Signature: _____	
Hotel accepts payment by cash (Polish Zloty and foreign currency) and credit cards. In settlements with the guests paying cash in foreign currency the commissioned average rate published by NBP on the day of arrival is used.		
4. CANCELLATION CONDITIONS		
Hotel reserves the right to charge a cancellation fee equivalent to one night's rate for all reservation cancelled between 16 August 2016 and 31 August 2016 . Reservations cancelled 01 September 2016 or after that day or in case of no-show are subject to a cancellation fee equivalent to the room charge of the entire stay.		
In case of cancellation I authorize Novotel Krakow Centrum to charge penalty to my credit card.		
Signature: _____		

Any cancellations or modifications must be confirmed in writing.

Please fax or mail this application form back by latest 15 August 2016
Novotel Kraków Centrum
Ul. Tadeusza Kościuszki 5
30-105 Kraków, Polska

Tel.: +48-12-299-29-29 Fax: +48-12-299-29-99 E-mail: H3372-re@accor.com

Hotel confirmation number: _____	Confirmed by: _____	Date: _____
----------------------------------	---------------------	-------------