

HOTEL RESERVATION FORM
SANS/090516/CONF
09th May – 14th May 2016

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 - €110, - per night, incl. BB and VAT - ☐

Double Room - €120, - per night, incl. BB and VAT - ☐

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

➤ Please send this form latest by **09/04/16** otherwise we can not guarantee the room availability.

➤ Cancellation Policy: Your reservation is guaranteed by your Credit card. In case of cancellation till **09/04/16** no charge will be applied. In case of cancellation between **10/04/16 to 24/04/16**– we will charge the first night to your CC. After **25/04/16**– we will charge the whole stay. The same policy will be applied in the case of No Show.

Contact person: Jana Jelinkova, Reservations

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Web: www.angelohotel.com

Guest Signature: _____

HOTEL CONFIRMATION:

Confirmation Number: _____

Date: _____ Signature: _____.