

HOTEL RESERVATION FORM

GLOBAL/111013, 7th – 14th October 2013

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 **07/09/13** otherwise we can not guarantee the room availability.
- **Cancellation Policy:** Your reservation is guaranteed by your Credit card. In case of cancellation till **08/09/13** no charge will be applied. In case of cancellation between **09/09/13 to 23/09/13** – we will charge the first night to your CC. After **24/09/13** – we will charge the whole stay. The same policy will be applied in the 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.angelohotel.com

Guest Signature: _____

HOTEL CONFIRMATION:

Confirmation Number: _____

Date: _____ **Signature:** _____.