

HOTEL RESERVATION FORM
SANS/280914/CONF

28th September – 12th October 2014

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 **28/08/14** otherwise we can not guarantee the room availability.

➤ Cancellation Policy: Your reservation is guaranteed by your Credit card. In case of cancellation till **29/08/14** no charge will be applied. In case of cancellation between **29/08/14 to 14/09/14**– we will charge the first night to your CC. After **14/09/14**– we will charge the whole stay. The same policy will be applied in the case of No Show.

Contact person: Jana Jelinkova, Reservations

Phone Number: 00420 296 882 351 **Fax Number:** 00420 296 889 998

Email: reservation07@andelshotel.com

Web: www.angelohotel.com

Guest Signature: _____

HOTEL CONFIRMATION:

Confirmation Number: _____

Date: _____ Signature: _____