

HOTEL RESERVATION FORM
SANS/041015/CONF
04th October – 18th October 2015

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 **04/09/15** otherwise we can not guarantee the room availability.

➤ Cancellation Policy: Your reservation is guaranteed by your Credit card. In case of cancellation till **04/09/15** no charge will be applied. In case of cancellation between **05/09/15 to 21/09/15**— we will charge the first night to your CC. After **21/09/15**— 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: +420 296353404 **Fax Number:** +420 296353488

Email: jana.jelinkova@vi-hotels.cz

Web: www.angelohotel.com

Guest Signature: _____

HOTEL CONFIRMATION:

Confirmation Number: _____

Date: _____ Signature: _____.