

1. GENERAL INFORMATION





## **Reservation Form**

First and	last name							
Company	,							
Billing ad	dress							
Phone number				E-mail adress				
2. HOTE	L RESERVATION							
	Arrival date:		Departure date:		Arrival time:			
	<b>pvotel Kraków City We</b> s Krajowej Street, 30-150 K		Supori	or cingle room				
Tel: +48 12 622 64 25			Superior single room with breakfast for 1 night		PLN	315.00		
h3407-sb1@accor.com			Superior twin room with breakfasts for 1 night		PLN	355.00		
			with brea	ve single room akfast for 1 night	PLN	395.00		
				tive twin room kfasts for 1 night	PLN	435.00		
	IS Budget Kraków Bro		Ctanda	rd single room				
11a Armii Krajowej Street, 30-150 Krakow Tel: +48 12 626 11 45			Standard single room with breakfast for 1 night		PLN	162.00		
H6605-fo2@accor.com			Standard twin room with breakfasts for 1 night		PLN	182.00		
	DEADLINE F		coom rates include brea	,		<b>7 10.02.2020</b> .		
	After this date, the con		ervations confirmed he reservation accor			ooms – price of	the day	
There is After the	IS & CONDITIONS: a possibility to cancel 1000 cut-off date, negotiated radeposit for all nights.	% of reservation ated will be offe	n without any charges tered subject to availabil	till 05.03.2020 ity. For any room cand	cellation, after the	cut-off date or n	o show hotel will	
	RVATION GUARANTEE: to the above conditions and		rd with the costs in acc	ordance with the book	king conditions.			
						Signature		
1.	Credit card type and nun	nber						
2.	Name of the Cardholders as it appears on the card							
3.	3. Credit Card number							
4.	Card expiry date	expiry date						
						er Signature on the credit ca	rd)	

To make a reservation, please send the completed and hand-signed form on the correct e-mail address of the selected hotel.