





## **Reservation Form**

1. GENE	RAL INFORMATION						
First and	last name						
Company							
Billing ad	dress						
Phone nu	ımber		E-mail adress				
2. HOTE	L RESERVATION						
	Arrival date:		Departure date:		Arrival time:		]
	ovotel Kraków City We						
11 Armii Krajowej Street, 30-150 Krakow tel: +48 12 622 64 25			Superior single room with breakfast for 1 night		PLN	315.00	
h3407-sb@accor.com			Superior twin room with breakfasts for 1 night		PLN	355.00	
			Executive single room with breakfast for 1 night		PLN	395.00	
Hotel IBIS budget Krakow Stare Miasto* Pawia 15 Street, 31-154 Krakow tel: 12 355 29 50 h7165@accor.com			Executive twin room with breakfasts for 1 night		PLN	435.00	
			Standard single room with breakfast for 1 night Standard twin room with breakfasts for 1 night		PLN PLN	205.00	
	DEADLINE F	FOR SUBMITTING Reser	THE RESERVATION	okfast buffet, 8% VATON ON THE FORM THE FORM THE FORM THE FORM THE PROPERTY OF	TO THE HOTEL BY lability.		f the day
There is a After the keep the	IS & CONDITIONS: a possibility to cancel 100 cut-off date, negotiated deposit for all nights.  RVATION GUARANTEE to the above conditions are	rated will be offere	d subject to availabil	lity. For any room ca		cut-off date or I	no show hotel will
Credit card type and number						Signature	
2. Name of the Cardholders as it appears on the card							
3. Credit Card number							
4.	Card expiry date						
					Cardholde (the same as o	r Signature n the credit ca	ard)

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