

KRAKÓW CENTRUM

HOTEL REGISTRATION FORM

RESERVATION NUMBER: 4187

1. GENERAL INFORMATIO	N					
Rank/Title:	First name: Surname:					
Organization:		Country:				
E-mail:	Tel:		Fax:			
2. HOTEL RESERVATION						
ARRIVAL date:	DEPA	RTURE date:		Number of ni	ghts:	
Check-in: 14:00 hrs	Check-out: 1	2:00 hrs noon				
Room type:	person	Rate: 294 PLN ro	oom/night			
\square STANDARD room for 2 persons		344 PLN room/night				
☐ EXECUTIVE room for 1 person		354 PLN room/night				
EXECUTIVE room for 2 persons (double bed) 404 PLN room/night Room rates include breakfast, 8% VAT tax and use of swimming pool, sauna, Jacuzzi and Beauty Corner, free access to Wi-Fi.						
4. METHOD OF PAYME	NT					
All reservations must be guaranteed with a credit card (with valid expiration date). Bookings without credit card information and without an authorization signature will not be accepted. Please guarantee my room reservation with credit card as follows:						
□ Visa □ M	asterCard	□An	nerican Express	☐ Dir	nners	
Card number:			Expiry da	te:		
Name of cardholder:		Signature:				
	antee of the form of paym the charges of accommo					
National Bank of Poland	ayment shall be made in I (NBP) on the day of arrive ned average rate publishe '.	al at the hotel.	In settlements with	h the guests payir	ng cash in foreign	



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HOTELS & RESORTS KRAKÓW CENTRUM

5. TRANSFER
Kindly inform you about the possibility of taxi service:
☐ Airport - Hotel 100 PLN
☐ Hotel - Airport 90 PLN
☐ Train/bus staion - Hotel 25 PLN
☐ Hotel - train/bus station 25 PLN
All hotel taxis accept payment by cash in Polish Zloty, Euro and credit card If you would like to have a taxi transport kindly provide flight/journey detail

Any cancellations or modifications must be confirmed in writing.

Please send this application form back by latest 15.10.2018

Novotel Kraków Centrum

Ul. Tadeusza Kościuszki 5

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Contact person: Mrs. Magdalena Grzegorek

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