**RESERVATION FORM**

Please put „X” In dark places

|  |  |  |  |
| --- | --- | --- | --- |
|  | Single room with breakfast in rate 220 PLN/night | | |
|  | Double room with breakfast in rate 230 PLN/night | | |
| Full name |  | | |
| Full name #2 |  | | |
| Email address |  | | |
| Mobile phone |  | | |
| Check-in date |  | Check-out date |  |
| Dane do faktury VAT | Company name: |  | |
| Address: |  | |
| City: |  | |
| VAT No (if necessary) |  | |
| Requests / Remarks |  | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Please guarantee my booking by **credit card**  vISA  MASTERCARD/EUROCARD  OTHER | | | |
| CC Number | |  | Expiry date: |  |
| Full name on card | |  | Signature |  |

|  |  |
| --- | --- |
|  | Please send me pro forma invoice to prepay my whole reservation |

* Check-in: 2 PM; Check-out 12 PM
* Parking is free of charge for conference/banquet attendees in dates: 07.12-10.12.2017
* Smoking is forbidden in entire hotel.
* Hotel guarantees availability of rooms in rates above until 30.11.2017
* Reservation can be cancelled free of charge until 04.12.2017
* Completed form should be sent at: [**recepcja@bestwesternkrakow.pl**](mailto:recepcja@bestwesternkrakow.pl)
* **Any information about the hotel is available at** [**www.bestwesternkrakow.pl**](http://www.bestwesternkrakow.pl)