

HOTEL RESERVATION FORM

Event: VVER 2016 30. 10. - 1. 11. 2016

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 Superior Room - € 90 per night, incl. E Double Superior Room - € 90 per night, incl. E	
□ - Single □ - Double	
➤ Please send this form latest by 31/08/16	otherwise we cannot guarantee the room availability
➤ <u>Cancellation Policy:</u> Your reservation is guaranteed by your Credit In case of cancellation from 14 days and less stay will be charged from the participant's cred	prior to arrival as well as no-shows – 100% of the whole
Contact person: Petra Filingerová, Reservati Phone Number: 00420 296 353 416 Fax Nur Email: petra.filingerova@viennahouse.com Web: www.viennahouse.com	
Guest Signature:	
HOTEL CONFIRMATION:	
Confirmation Number:	
Date: Signature	e: <u>.</u>