

**NOVOTEL KRAKÓW CENTRUM
RESERVATION FORM**

Please fill in and send to email address: H3372-RE@accor.com

T: +48 12 299 29 11 , F: +48 12 299 29 99



KRAKÓW CENTRUM

RNA 2019
June 11 to 16, 2019

SPECIAL RATES:

Reservation for above rates can be made until **28.02.2019**.

Above rates are valid only for limited number of rooms,
after 28.02.19 reservations will be confirmed upon availability according to current prices.

First Name:			
Last Name:			
Address:			
E-mail:			
Tel:		Fax:	
Single room with breakfast (490 PLN/per night): <input type="checkbox"/>		Double room with breakfast (540 PLN/per night): <input type="checkbox"/>	
Arrival date:		Check out date:	
Cancellation Policy <ul style="list-style-type: none">➤ Guest can cancel reservation without any fee 21 days before arrival, after that hotel will charge 100 % reservation.➤ In case the reservation is not used, and was not cancelled beforehand on the terms and conditions specified in this Contract, the Client shall bear full cost (100%) of the entire reservation.			
Form of Payment:			
Credit Card <input type="checkbox"/>		Credit Card Details	
		Cardholder First Name:	
Prepayment <input type="checkbox"/>		Cardholder Family Name:	
Bank Account: Societe Generale S.A. Oddzial w Polsce PL90-18400007-22-11804-0081-09619		<input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> AMEX <input type="checkbox"/> DINER'S CLUB <input type="checkbox"/> OTHER CC,	
		Card Number	
		Card Expiry Month/Year	
Date :		Card Holder Signature:.....	