

HOTEL RESERVATION FORM

EJTN conference 9/5-11/5/12

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 Room - € 96.00 , - per night, incl. BB and VAT - ☐

Double or Twin Room - € 100.00 , - per night, incl. BB and VAT - ☐

☐ - Non Smoking ☐ - Smoking ☐ - Twin ☐ - King-size bed

☐ - Parking 700CZK/day

➤ Please send this form latest by **1/4/12** otherwise we can not guarantee the room availability.

➤ Cancellation Policy: Your reservation is guaranteed by your Credit card.
In case of cancellation till **2/4/2012** no charge will be applied.
After **2/4/2012** – we will charge the whole stay.
The same policy will be applied in the case of No Show.

Contact person: Radka Janotova,

Phone Number: 00420 296 882 206 **Fax Number:** 00420 296 889 998

Email: radka.janotova@andelshotel.com

Web: www.andelshotel.com

Guest Signature: _____

HOTEL CONFIRMATION:

Confirmation Number: _____

Date: _____ Signature: _____