Hotel Reservation Form for NOVOTEL KRAKÓW CITY WEST (4 star)

ul. Armii Krajowej 11, 30-150 Kraków
Tel.: +48 12 622 64 00, Fax: +48 12 622 64 05

LAMBDA DAYS
25-28.02.2015
Cutoff Date: 20.02 2015

Last Name: _____ First Name: _____

Name of Organization: _____

Address: _____ _____

City, State, Zip: _____ Country: _____

Telephone: _____ Fax: _____

Email: _____

Arrival Date: _____ Departure Date: _____

Name of the Person Sharing Accommodations (if any): _____

Novation Room

- ☐ Single room (1 person) – **160 PLN per night**
- ☐ Double room (2 persons) – **185 PLN per night**

Above prices include breakfast. PLN is for Polish zloty.

CREDIT CARD INFORMATION:

A valid credit card is **required** to guarantee your reservation. By signing below, you accept to abide by the stated terms and conditions. After cutoff date (20.02.2015) Your credit card will be charged with the amount of the first night.

The balance will be paid in PLN, upon check in.

☐ Visa ☐ MasterCard ☐ American Express ☐ Dinners Club

Cardholder's Name: _____

Credit Card Number: _____ Exp. Date: _____

Signature: _____ Date: _____

3 Digit Security Code _____

- ☐ Pre – payment before arrival (hotel will send pro-forma invoice)

TERMS & CONDITIONS:

After the cutoff date, negotiated rates will be offered subject to availability. For any room cancellation, after the cut-off date or no show hotel will keep the first night deposit.

Date and signature

Please E-mail a PDF copy of the completed form to: e-mail H3407-SL1@accor.com