

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

Symposium on Clean Energy
17-22.06.18

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 with breakfast (1 person) – 330 PLN gross
- Double room with breakfasts (2 persons) – 360 PLN gross

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 (**17.04.18**) Your credit card will be charged with the amount of the whole stay. In case of cancellation or no-show after **17.04.18**. Your credit card will be charged with the amount of the whole stay. Acceptance of reservation after **17.04.18** will depend on availability of hotel rooms.

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 for one night of the stay)

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 deposit for all nights.

I hereby declare that all the facts and information provided for this cover letter and CV are true. I allow my personal data stated in the abovementioned applications to be processed for the purpose of recruitment, in accordance with the Personal Data Protection Act dated 29/08/1997 (Dz.Ust.No.133, item 883)

Date and signature

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