AIJA / CAK- 12-14 April 2012

HOTEL RESERVATION FORM

THANK YOU FOR YOUR RESERVATION AT THE DESIGN METROPOL HOTEL PRAGUE
please return completed form to booking@metropolhotel.cz by March 09, 2012

LAST NAME: ..... FIRST NAME: .....

PHONE NO.: ..... FAX NO.: ..... E-MAIL: .....

ACCOMMODATION REQUEST :

DATES: FROM ..... TO .....

☐ DOUBLE SINGLE USE ROOM **110,- EUR** NUMBER OF ROOMS: .....

☐ DOUBLE/TWIN ROOM **116,- EUR** NUMBER OF ROOMS: .....

☐ DOUBLE SINGLE USE ROOM **104,- EUR** (THIS RATE REQUIRES MINIMUM STAY 3 NIGHTS) NUMBER OF ROOMS: .....

☐ DOUBLE ROOM/TWIN **110,- EUR** (THIS RATE REQUIRES MINIMUM STAY 3 NIGHTS) NUMBER OF ROOMS: .....

☐ SMOKING

CANCELLATION CONDITIONS:

CANCELLATION MORE THAN 48 HOURS PRIOR TO ARRIVAL	FREE OF CHARGE
CANCELLATION 48 HOURS AND LESS PRIOR TO ARRIVAL	1ST NIGHT CHARGE
NO SHOW	100% CHARGE OF FULL BOOKING VALUE

CREDIT CARD GUARANTEE:

☐ AMERICAN EXPRESS ☐ MASTER CARD ☐ VISA ☐ JCB

NUMBER: ..... EXPIRY DATE: .....

SIGNATURE .....

THE CARDHOLDER DECLARES THAT IN CASE OF CANCELLATION OF THE RESERVATION THE ABOVE MENTIONED CREDIT CARD CAN BE CHARGED ACCORDING TO CANCELLATION CONDITIONS.

☐ YES, I WANT AN AIRPORT PICK UP – PRICE 30€ PER CAR (MAX 4 SEATS)
PLEASE SPECIFY YOUR FLIGHT DETAILS: .....

DATE: . **SIGNATURE:**

_____

DATE: ..... RESERVATION NO._____

CONTACT PERSON:
MS. ALENA BERKMANOVA – E-MAIL: booking@metropolhotel.cz

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