

**Hotel Reservation Form for NOVOTEL Krakow Bronowice (4 star)**

**CAMPUTING IN CARDIOLOGY**

**08.09.2012 – 13.09.2012**

**Cutoff Date: AUGUST 08, 2012**

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) – 389 PLN per night
- Double room (2 persons) – 429 PLN per night

**CREDIT CARD INFORMATION:**

A valid credit card is **required** for a reservation. By signing below, you accept to abide by the stated terms and conditions. The payment will be in PLN, upon check out.

Visa  MasterCard  American Express  Diners Club

Cardholder's Name: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

3 Digit Security Code \_\_\_\_\_

**TERMS & CONDITIONS:**

After the cutoff date, negotiated rates will be offered subject to availability. For any room cancellation, the following fees will be billed to the credit cards: 1) the cost of a one-night stay, for cancelations between 08.08.2012 – 25.08.2012, 2) The full cost of the entire stay, for cancelations after 25.08.2012 or no show.

**Please E-mail a PDF copy of the completed form to:**

Novotel Krakow Bronowice  
Ul. Armii Krajowej 11  
30-150 Krakow  
Tel: +48 12 622 64 91  
Fax: +48 12 622 64 05

Conference department  
e-mail [H3407-RE1@accor.com](mailto:H3407-RE1@accor.com)  
website: <http://www.novotel.com>