

PRAGUE

HOTEL RESERVATION FORM VIENNA HOUSE DIPLOMAT PRAGUE

NTK/151017

Dear Guest, Thank you very mud	ch for choosing VIENNA H	IOUSE DIPLOMAT PRAGL	JE	
Last name:		First name:		
Telephone:		Fax:		
Credit Card Details	for guarantee of reservati	ion - OBLIGATORY :		
CC Number:		Expiry:		
Arrival Date:		Time:		
Departure Date:		Time:		
Please Mark With - RESERVED CATEGO	区 RIES ARE LIMITED. IF FU	LLY BOOKED WILL ADV	ISED BY HOTEL.	
Single Standard Room EUR 105,00 per night Double Standard Room EUR 115,00 per nigh			_ _	
□ - Twin				
Room rates incl. breakfa	st buffet, 15% VAT, all local taxe	s and high-speed internet con	nection.	
Please send this form lat	est by 31.08.2017 otherwise we	e cannot guarantee the room a	vailability.	
be applied. In case of c		s we will charge the first nigh	cancellation till 30 days no charge will nt to your CC. From 14 days we will	
Contact person: Phone Number: Fax Number: Email: Web:	00420 296 353 416 00420 296 889 998 petra.filingerova@vie			
Guest Signature:				
HOTEL CONFIRMAT	ION:			
Confirmation Numb	oer:	_		
Date:	Signature:			

We are looking forward to welcome you at the VIENNA HOUSE DIPLOMAT PRAGUE

