# NOVOTEL WARSZAWA AIRPORT BOOKING FORM

Please complete this form and send back to
Reservation Department: h0527-RE@accor.com
Phone: +48 22 57 56 111
1 Sierpnia 1, 02-134 Warsaw

## Safety of Vehicle - Safety of Passenger

**Block No:** 191 483 **(hotel use only)**

**SPECIAL ACCOMMODATION RATES 19-21.04.2021**

| | |
|---|---|
| **Standard Single:** | **300 PLN TAX AND BREAKFAST INCLUDED** |
| **Standard Double:** | **340 PLN TAX AND BREAKFAST INCLUDED** |
| **Executive:** | **+50 PLN** |

## Above rates apply to reservations made till 01.04.2021

**First name :** .....…… **Family name:** .....……

**Home Address:** .....

**E-mail:** ……..

**TEL:** .....…….....  **FAX:** ....……..….....…

**Number of persons :** ☐ **Arrival Date:** .....…….. ***Departure date*:** .....……..

**Number of rooms required and type ( Write no. of rooms in the relevant box)**

| Standard Single | Standard Double |
|---|---|
| ☐ Non smoking | ☐ Non smoking |

***A cancellation fee will apply if the booking is cancelled within 3 days of the planned date of arrival. The amount of the fee will be equivalent to the cost of all reservations and will be deducted from the guest's prepayment or applied to the guest's credit card.***

**Payment method:**

**Credit card** ☐

**Prepayment** ☐

Bank Account :

BANK HANDLOWY w Warszawie S.A.
Nr rachunku: 95 1030 1508 0000 0005 0301 9019
Swift code: CITIPLPX

**Credit Card Details:**

**Cardholder First Name:** _____

**Cardholder Family Name :** _____

**Card Type :** _____
**(e.g. Mastercard /Visa/American Express)**

**Card Number:**

| | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | | | | | |

**Card Expiry Month/Year:** ___ ___ / ___ ___

**Cardholder's Address :** _____

_____

**Date:** .....…..…..…  **Signature:** ……..……