



IBIS BUDGET KRAKÓW BRONOWICE  
Ul. Armii Krajowej 11A, 30-150 Kraków, Poland  
Recepcja i Rezerwacja: +48 12 626 11 45, e-mail: H6605@accor.com

**PPAM 2015**  
**06-09<sup>th</sup> of September 2015, Kraków**

**Hotel Reservation Form**

Please, return a completed form to the *ibis budget Kraków Bronowice*, no later than **31.07.2015**

**Reservations done after 31.07.2015 may not be accepted.**

**Fax nr: +48 12 626 20 60 lub mail : H6605@accor.com**

**Please use block letters**

Guest name(s): .....

Company name and address(in case of VAT invoice) .....

.....

.....

E-mail: .....

NIP: ..... Fax : .....

Arrival date: .....  
(check-in time 12.00)

Departure date :.....  
(check-out time 12.00)

- ROOM :**
- Single**  
**150 PLN** / room / per day (with breakfast and VAT)
  - Twin** (two single beds)  
**170 PLN** / room / per day (with breakfast and VAT)
  - Double** (one double bed)  
**170 PLN** / room / per day (with breakfast and VAT)

**PARKING**  **15 PLN**/ for a car / per day

Expected arrival time: .....

**PAYMENT METHOD:**

**PAYMENT AT THE HOTEL**

**( RESERVATION AND PAYMENT GUARANTEED BY CREDIT CARD):**

*We kindly inform you, that credit card details are necessary to guarantee reservation. In case of cancellation after 24.08.2015, or non-arrival, your credit card will be charged of total amount for reservation (all nights). Final payment will be done at check-in by credit card or cash in PLN.*

Please, fulfill information about credit card:

**Credit card type:**  AMERICAN EXPRESS  VISA  MASTER CARD  DINERS CLUB

**Credit card number:** .....

**Expiration date:** .....

**Cardholder's name:** .....

**Full price of the reservation:** .....

*I hereby authorize hotel *ibis budget Kraków Bronowice*, ul. Armii Krajowej 11a, 30-150 Kraków to charge my credit card according to the conditions above. Eventual difference will be paid by me in Hotel.*

Date : .....

Cardholder's signature: .....

**PLEASE SEND PROFORMA INVOICE FOR PREPAYMENT AFTER RESERVATION IS DONE**

Amount of rooms:..... Lenght of the stay (days):..... price/room/night:..... PLN, full price:.... PLN

**Bank details: Name of account:**

**Bank:** SOCIETE GENERALE S.A ODDZIAŁ W POLSCE

**Account number:** PL 06 1840 0007 2211 8040 0813 0919

Please send payment confirmation on our fax number: +48 12 626 20 60 or email: H6605@accor.com