

RESERVATION FORM

Hotel reservation number: 22.391.782.



PERSONAL DETAILS:

FIRST NAME: _____ LAST NAME : _____

BILLING ADDRESS

COMPANY: _____

Country : _____ State/ Province: _____ Zip code: _____

City: _____ Address: _____

Phone number: _____ Fax: number: _____

E-mail address: _____

RESERVATION DETAILS

Arrival : _____ Departure : _____ Number of nights: _____

Type of room: ____ double for single use ____ twin/double

Price: EURO 94* / double room for single use / night incl. Breakfast

Price: EURO 102* / double room / night incl. Breakfast

The bedrooms can be reserved until **15. August**. After this date all reservation is taken on request up to availability.

Any cancellation or modification must be confirmed in written.

Cancellation policy: 14 days prior to arrival 100% of the value of the booking is applicable as cancellation fee.

In the event of no-show, the customer will, in all cases, be required to pay 100% of the reservation value (including VAT).

*VAT & City Tax are included in the price . The room is available from **15h** on the day of arrival and till **12h** on the day of departure.

GUARANTEE DETAILS:

Due to the restrictions of the group reservation, all single booking must be guaranteed.

Method of payment: ____ Credit Card

Type of credit card:

VISA MasterCard American Express Diners Club JCB

Card number: _____ Expiry date: _____

Cardholder: _____ Signature: _____

Please send this application form back to the following e-mail address or fax number.

e-mail: nhbudapestcity@nh-hotels.com

Fax: +36 1 814 0100

web: www.nh-hotels.com