

RESERVATION FORM

PLEASE RETURN THIS FORM TO mariana.vrana@sheratobucharest.com or reservations@sheratonbucharest.com

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Accommodation

11-12.08.2016 Bucharest

ARRIVAL / GUEST DETAILS

TITLE: Mr./ Mrs. _____

LAST NAME: _____ FIRST NAME: _____

ARRIVAL DATE: _____ ARRIVAL TIME: _____ FLIGHT: _____

PHONE NO: _____ FAX NO: _____

DEPARTURE DATE: _____ DEPARTURE TIME: _____

ACCOMMODATION DETAILS

Please check the type of room:

For accommodation dates:

- Classic single room** **100 Euro**
- Classic double room** **110 Euro**

- ✓ **Rates include Full American Breakfast Buffet, Wi-Fi internet access from the personal computer, access to the health club. Rates above are quoted per night, per room. The rates do not include VAT 9% and 1% City Tax.**

Special requests:

Non-smoker

Smoker

Transfer from airport **40 Euro inclusive/one way**

Arrival time Flight no. Airline

Transfer to the airport **40 Euro, VAT inclusive/one way**

Departure time Flight no. Airline

NOTE

The reservation should be made latest until 29th of July 2016. After that date rooms and rates will be confirmed upon availability.

GUARANTEE / PAYMENT

Reservation must be guaranteed with a valid credit card. Reservations not guaranteed are not valid. The room rate and the incidentals with the room (minibar, room service etc.) will be settled individually, by each guest, upon check-out.

CANCELLATION

Cancellations can be made without any charge, until 31st of July 2016. After 31st of July 2016, any cancellation or no-show will be charged to the guest/cardholder for entire stay.

CREDIT CARD

CREDIT CARD TYPE: _____ EXP: _____

CREDIT CARD NUMBER:

Cardholders Name _____ Signature: _____

If you would like to send a deposit please send one (1) night applicable room charge plus taxes. Due to currency restrictions deposits must be sent via bank transfer.

Date

Name..... Signature.....