

HOTEL RESERVATION FORM

SMi 04.03.2019 – 06.03.2019 Resevation number: 850.556

Last name:		F	First name:		
Telephone:		E	E-mail address:		
Arrival date		[eparture date		
Credit Card Details fo	or guarantee of reser	vation - OBLIGATOR	/ :		
Payment type		>		Dum Cld BUROCARD	VISA
Cardholder name		Card numbe	er		
Expiration date		Security cod	code		
Please Mark Witi	h -⊠				
Superior Single F	Room - € 92,00 p	er night, incl. Bre	akfast and VAT	- 🗆	
Superior Double	Room - € 102,00) per night, incl. B	reakfast and VA	√T - □	
	□ - Twin	☐ - Kingsize bed	d		
Please send availability.	this form latest t	oy 04.02.2019 oth	erwise we canno	ot guarantee th	ne room
30 days no charg	ge will be applied r CC. From 14 da	ion is guaranteed I. In case of cance lys we will charge	ellation between	n 29-15 days we	e will charge the
Web: www.vienn	ahouse.com				
Guest Signature:					