

## Reservation Form

Reservation code: ESA GNC & ICATT 2023

### Guest Details :

Name of the guest : \_\_\_\_\_

Date of Stay : \_\_\_\_\_ Number of nights \_\_\_\_\_

Rate per night : \_\_\_\_\_

Please indicate the room to be reserved and debited for your credit card :

Classic Room Park Side without balcony for 1 persons - 755,00 PLN / 1 night .....

Luxury Room Park Side without balcony for 1 persons - 890,00 PLN / 1 night .....

Total Amount \_\_\_\_\_

### **Above room rates include:**

Buffet breakfast, wellness center access with a sauna, hammam, swimming pool and fitness center  
in-room high speed internet access, business Corner, kids Corner, concierge services  
access to the hotel's private beach, taxes.

### **Reservation conditions:**

100% prepayment via credit card required in order to guarantee the booking. Modification of the  
booking is not possible. In case of cancellation or no-show the prepayment is non-refundable.  
In case of no-show until 12:00 pm. (noon) the second day of the reservation, the reservation will be  
cancelled and the guest will be charged 100% of the total value of the reservation.

### **Credit Card Details :**

Name of the Cardholders as it appears on the card \_\_\_\_\_

Full address of Cardholder \_\_\_\_\_

Contact name \_\_\_\_\_

Contact telephone number \_\_\_\_\_

Credit card type and number \_\_\_\_\_

Card expiry date \_\_\_\_\_

Name of the Bank \_\_\_\_\_

issued the card \_\_\_\_\_

### **Billing address if difference :**

\_\_\_\_\_

I authorize amount -----to debit my credit card, as per above details

Please return this form by e-mail to: [H3419-SB2@sofitel.com](mailto:H3419-SB2@sofitel.com)

Cardholder Signature .....