

NOVOTEL WARSZAWA CENTRUM BOOKING FORM

*ISAF Mid-Year Meeting 6-11 May 2009*

Please complete this form and send back to Novotel Centrum Reservation Department  
Reservation Department: fax: +48 22 596 01 22, e-mail: rez.nov.warszawa@orbis.pl



WARSZAWA CENTRUM

Name:.....

Business Address:.....

TEL: ..... FAX: .....

E-mail:.....

Arrival Date: ..... Departure Date: .....

Type of room /please mark/ : single  double

superior single  superior double

junior suite  executive suite

*Please be advised that above reservation has to be guaranteed. Filling of below form is obligatory.  
Reservations cancelled up to 24 hours before day of arrival will not be charged. . In case of no-show,  
amount corresponding to first booked night will be charged to guest credit card.*

Credit card:..... Validity date:.....

Credit card number:.....

*Please guarantee above reservation with my credit card. I acknowledge terms of reservation.*

.....  
(signature of credit card owner)

**Special accommodation rates:**  
single room 119 EUR  
double room 139 EUR  
single superior room 149 EUR

**double superior room 169 EUR**

**junior suite 180 EUR**

**executive suite 210 EUR**

Rates apply to one room/night, are inclusive of buffet breakfast, Internet access in room by LAN network (WiFi in superior rooms), access to the hotel Wellness Centre..

Rates are exclusive of 7% VAT tax.

Hotel will confirm reservations on request based on availability.

***Hotel address:***

**Novotel Warszawa Centrum**

00-510 Warszawa, ul. Marszałkowska 94/98

tel.: +48 22 596 01 20, fax: +48 22 596 01 22,

e-mail: [rez.nov.warszawa@orbis.pl](mailto:rez.nov.warszawa@orbis.pl)

**Date:** .....

**Signature:**.....