

RESERVATION FORM

Please complete and return this form by fax or e-mail till **15.03.2019**.

Fax :+48 12 619 01 53, Mail: rsva@hik.krakow.pl

Hotel contact person: Paulina Wójcik

Tel:+ 48 12 619 00 99

| | | |
|---------------------------------------|---------------------------------|--------------------|
| <i>EVENT/ GROUP NAME</i> | | |
| TEPE 15-18.05.2019 | | |
| <i>GUEST DETAILS</i> | | |
| <i>First name and surname</i> | | |
| <i>Address</i> | | |
| E-Mail | | |
| <i>ACCOMMODATION CHOICE</i> | | |
| <i>Arrival date</i> | | |
| <i>Departure date</i> | | |
| <i>Room type</i> | <i>Rate per night tax incl.</i> | <i>mark with X</i> |
| <i>Single</i> | 620 PLN | |
| <i>Double bed</i> | 700 PLN | |
| <i>Twin beds</i> | 700 PLN | |
| <i>INVOICE DETAILS (see point 4.)</i> | | |
| <i>Company name</i> | | |
| <i>Address</i> | | |
| <i>VAT Reg. No.</i> | | |
| <i>PAYMENT METHOD (mark with X)</i> | | |
| <i>Credit card</i> | | |
| <i>Bank transfer</i> | | |
| <i>ORDERING PARTY DETAILS</i> | | |
| <i>Company name</i> | | |
| <i>First name and surname</i> | | |
| E-Mail | | |
| <i>Phone number</i> | | |

TERMS AND CONDITIONS

1. The Hotel Operator of Holiday Inn Kraków City Center located in Krakow at ul. Wielopole 4-8 and administrator of hotel guests' personal data is company GEMO Sp. z o.o. located in Krakow at: ul. Wielopole 4, 31-072 Kraków and registered with NIP number: 6762274992.
2. The purpose of collecting and processing of personal data provided in this form is the conclusion and implementation of the contract for the provision of hotel services and documenting its delivery for tax purposes and invoicing.
3. Ordering party is the person indicated in this form or the entity represented by this person.
4. In order to receive a VAT invoice issued for the company for the services ordered it is required to provide necessary details in this reservation form.
If the company's data is not provided at latest at the moment of payment, the invoice will be issued with guest's details, without the possibility of correcting it.
5. Payment for services ordered is required by **15-04-2019**.
6. In case of choosing a payment by credit card a link to online payment will be generated via the EspagoLink system and sent in an email to the ordering party indicated in this form.
7. In case of choosing a payment by bank transfer an email will be sent to the ordering party with the bank account number for the transfer and a pro-forma invoice.
8. By **15-04-2019**, the ordering party has the right to reduce the scope of services ordered or cancel the entire order without incurring costs.
9. After **15-04-2019**, the ordering party or the guest cannot cancel the reservation without costs. For the services canceled after this date, the hotel operator has the right to charge the ordering party with the full amount of the order.
10. In the event of a guest not arriving to the hotel on the day of arrival, the hotel operator has the right to cancel the reservation of remaining nights and charge the ordering party for unused and canceled services.
11. In the event of early departure of the guest, the hotel operator has the right to charge the ordering party for booked and unused services.

I hereby declare that I have read and accept above terms and conditions

.....
Name and signature

.....
Date