



ACCOMMODATION FORM
Application form
(05-10 June 2017)

GUEST NAME : _____ FIRST NAME: _____
ADDRESS : _____ EMAIL : _____
TEL. : _____ FAX : _____
NAME OF ACCOMPANIED PERSON: _____

GRAND HOTEL CONTINENTAL 5 *
ADDRESS: CALEA VICTORIEI , NO. 56, BUCHAREST
PHONE: 004-0372010300
FAX: 004-0372010301
PLEASE SEND THE FILED FORM AT E-MAIL: daniela.calmis@grandhotelcontinental.ro

ROOM: **ARRIVAL:** _____ **DEPARTURE:** _____ **NIGHTS:** _____

SINGLE ROOM: 136.35 EUR DOUBLE ROOM: 146.45 EUR

THE ABOVE RATES INCLUDE SERVICES, VAT, CITY TAX AND BREAKFAST BUFFET.
FREE ACCESS TO SPA AREA (FITNESS, SAUNA, JACUZZI) AND FREE WI-FI IN THE HOTEL

SPECIALS : _____

GUARANTEE: THE COST FOR THE ACCOMMODATION WILL BE PAID BY DELEGATES DIRECTLY AT THE HOTEL RECEPTION BEFORE LEAVING.

Hotel bookings will be confirmed after receiving your credit card number and it will be used only as guarantee as follow:

The hotel will hold the reservation until 21st of May, after this date we will release the rooms and will confirm the reservations upon availability.

In case of a No-Show or Late Cancellation (after 02 of Jun 2017) the hotel reserves the right to charge one night stay in the client's credit card.

CREDIT CARD EUROCARD VISA MASTERCARD

CARD NUMBER: _____ EXPIRY DATE : _____

THREE DIGIT SECURE CODE _____

CARD HOLDER'S NAME : _____

PLEASE SEND THIS RESERVATION FORM TO
DANIELA.CALMIS@GRANDHOTELCONTINENTAL.RO
AFTER RECEIVING THE ACCOMMODATION FORM IN MAXIMUM 24 HOURS YOU WILL RECEIVE THE CONFIRMATION BY EMAIL.

IT IS A PLEASURE TO HAVE YOU AS OUR GUEST!