

## **RESERVATION FORM**

Ref. »99.233.214 « 02.10. – 04.10.2013

Reservation form should be sent to the following e-mail or faxed to the number:

E-mail: reservations@cityhotel.si; fax: + 386 1 239 0001

TITLE _			
FIRST NAME:		LAST NAME:	
INSTITUTION: _			
ADDRESS:			
CITY:		COUNTRY:	
PHONE:		FAX:	
E-MAIL:			
Arrival Date:	October 2013	Departure Date:	October 2013
breakfast):	SINGLE ROOM standard– 82,01 € DOUBLE ROOM superior – 110,92 SINGLE USE ROOM superior – 94 garage – 18 € / day ving person if sharing a double / twin ro	2 € 1,02 €	
The one night deposit	is to be paid directly at the hotel when che will not be drawn from your credit card unle sent in writing. For no show hotel will char	ess the reservation has been cance	
TYPE:	NUMBER:	EXPIF	RY DATE:
_	R HOTEL RESERVATIONS: 09 case of booking after 09.09.2013, the acc		annot be guaranteed.
Date:	Sigr	nature:	