HOTEL BOOKING FORM

|  |  |  |  |
| --- | --- | --- | --- |
| **Hotel** | art’otel budapest 1011 Budapest, Bem rakpart 16-19. | From |  |
| **To** | Group Reservations |  |  |
| **Phone** | (+36-1) 487-9411 or 487-9406 | **Phone** |  |
| **Fax** | (+36-1) 487-9488 or 487-9405 | **Fax** |  |
| **E-mail** | budapest@artotels.com | **Date** |  |
| **Ref** | **Adaptive Schools Institute 2016**  **1st-6th November, 2016** | **Pages** |  |

**We would like to reserve a room for our guest(s) at your hotel as follows:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name** | **Arrival**  **date** | **Departure**  **date** | Room type & rates | | |
| Single | Double / twin | Danube-view |
| 89,- € | 99,- € | Suppl. +20 € |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

The price is per room, per night, includes our rich buffet breakfast at the Drawing room, VAT, use of sauna & fitness room, as well as free WI-FI access throughout the hotel. Please be informed that the hotel bill will be calculated in Hungarian forint at the Hotel’s daily exchange rate.

**Special requests**: 🗆garage (16,- € / day) 🗆other …………………………

**Payment:** please guarantee the booking with a **credit card (Amex, Mastercard or Visa is accepted)**

**Type of credit card***………………………***number***:……………………………………***expiry date:** *……………….*

**Cancellation policy** : The hotel accepts cancellations until *6 pm the day before arrival.*

Please note that in case of late cancellation or no show by the guest, one night charge will be applied to your credit card.

**Remark**: …………………………………………………………………………………………………..………..……………

**Hotel Confirmation**

**We’d like to ask you to send your reservation till latest 15th October, 2016.**Please note,that late reservations will be subject to availability.

**Hotel Confirmation** (filled by the hotel)

|  |  |
| --- | --- |
| ***We are glad to confirm the above reservation. Your reservation number is:*** | |
| *Date* | Confirmed by |