HOTEL RESERVATION FORM

Please fill in with capital letters and send to:
Hotel KSIĄŻ
ul. Piastów Śląskich 1, 58-306 Wałbrzych
tel.: +48 74 / 66 43 890, fax: +48 74 / 66 43 892
e-mail: hotel@ksiaz.walbrzych.pl

Family name:	
Given name:	
Address of the organisation: (postal code, city, street)	
VAT No. of institution	e-mail:
Please make a reservation in the hotel	**Type of room:**
Książ: ☐ www.ksiaz.walbrzych.pl/hotel.html **Zamkowy:** ☐ www.hotelzamkowy.pl **Przy Oślej Bramie:** ☐ www.mirjan.pl/ksiaz/pl-index.html	☐ single ☐ double for single occupancy ☐ double ☐ suite ☐ de luxe room
Please make a reservation for the following dates:	**Form of payment:**
☐ 6/7.06.2010 r. ☐ 7/8.06.2010 r. ☐ 8/9.06.2010 r.	☐ Cash ☐ Credit card

I, hereby, authorise Hotel KSIĄŻ to issue a VAT invoice without my signature.

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Place and date Signature