

Payment Authorisation Form

Booking Reference (indicated on your reservation confirmation):

New Trends in Metallic Material Processing: 4th Edition
Special Edition: SGI 80 years / Iulian Riposan 75 years

Guest Details

Name of the Guest: _____

Date of Stay: _____

Number of Nights: _____

Rate Per Night:

Single room: 105 Euro/ night including breakfast + 2 % city tax + 9% VAT

Double room: 116 Euro/night including breakfast + 2 % city tax + 9% VAT

Full Account [YES]

To be debited from your _____ Room rate

Card _____ Event rate

Other (precise): Possibility to cancel/change the reservation without penalty is until 7 days before the first day of accommodation. For cancellations after this date, the first night of accommodation will be charged. Reservations will be made until: March 31.

Credit Card Details

Name of Cardholder as it appears on the card

Full address of cardholder: _____

Billing Address if different: _____

Contact name: _____

Contact telephone number: _____

Credit Card Number:

Card Type & Expiry Date: _____ /

The name of the Bank/
Financial Institution that
Issued the card _____

I authorise **NOVOTEL BUCHAREST CITY CENTRE** to debit my credit card as per the above details