

# CREDIT CARD AUTHORISATION



## EFAS – European Foot and Ankle Society 20-23.11.2019

I hereby authorize Radisson Blu Hotel Krakow, Straszewskiego 17, 31-101 Krakow, Poland to charge my credit card in respect of below indicated charges for the following guest(s):

First and last name:		Date of stay	_____ / _____
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### I agree to pay for :

Standard SGL room 135 EUR per 1 night	Standard DBL room 145 EUR per 1 night	All charges incurred by the guest(s) during stay:	Room, tax and breakfast only	Other charges:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....

Please tick the box above to indicate which charges apply

Card number:	<input type="text"/>	Expiry date:	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>
Cardholder name:	<input type="text"/>		

### Cancelation:

**Credit card pre-payment required at the time of booking for whole stay  
No changes, cancellations or adjustments to the reservation are permitted.  
Final invoice will be sent after Guests departure.**

Please address bill on:	Name	
	Company	
	Address	
	City, Postal code	
	Country	

**In order to secure data transfer please provide last 4 digits (gray fields) over the phone or in separate email.**

Telephone number is...+48 12 618 8700

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Cardholder signature