

## ACCOMMODATION BOOKING FORM

OFFICIAL NAME TO BE INPUT

Participants are responsible for their own accommodation. Special group rates are available for the attendees at the Hotel Angleterre (Subject to availability). Please complete the form below and return it directly to the hotel no later than the**.** Contact person Ms Ekaterina Sergeeva – e-mail: [esergeeva@roccofortehotels.com](mailto:esergeeva@roccofortehotels.com) After this date rooms are subject to availability and the hotel may charge higher rates.

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Last name: ................................................ First name: .........................................................

(as in passport) (as in passport)

Accompanying Person Last name………………………… First name: .........................................................

E-mail: ......................................... Tel:: .........................................

INDICATE TYPE OF ROOM:

**ANGLETERRE HOTEL:**

Classic room Single occupancy: 7 500 Roubles □

Classic room Double occupancy: 8 400 Roubles □

Group rates are per room per night, include buffet breakfast and 18% VAT.

Arrival Date: ........................................ Departure Date: ........................................

Check-in time: 2:00 pm (early check-in requests can be accepted upon availability of the hotel only)

Check-out time is 12.00 Noon

Please complete with credit card details in order to make the booking:

ٱ VISA ٱ EUROCARD/MASTERCARD ٱ AMEX

Credit Card no.: ................................................ Expiry Date: ................................................

Card Holder Name: ................................................ Card Holder Signature: ................................

**CANCELLATION:**

Written cancellation must reach the hotel no later than 7 days prior to arrival date, otherwise a cancellation charge of one night applies. The credit card holder will be charged in case of late cancellation or non-arrival with one night accommodation fee plus taxes.

**CONFIRMATION:**

The Hotel will confirm the reservation directly to you.

**The following details are required for each person travelling in order for the hotel to send invitation letters required for visa application:**

**charge apply for cancellation or non-arrival.**

Citizenship: ....................................... Passport Number: ....................................Date of Birth: ..............

Date: ................................................ Signature: ................................................

In case of Visa support assistant we require the passport details for an **accompanying person**.

Citizenship: ....................................... Passport Number: ....................................Date of Birth: ..............

Date: ................................................ Signature: ................................................

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Please return completed form to reservations department:

JCS “ Hotel Complex “ Astoria”

Tel: + 7 812 494 57 54 39, Bolshaya Morskaya street

190000 St. Petersburg, Russia

E-mail: esergeeva**@roccofortehotels.com**