23 PEMBRIDGE SQUARE,
LONDON W2 4DR
TEL.: 020 7727 2838
FAX: 020 7727 2848

a/c ref:

HOTEL BOOKING FORM

Failure to complete this form may result in delay, please fax to 020 7727 2848 upon completion

Company Name		Phone	
Ordered by		Fax	
Address		E-mail	

TRAVELLER'S PASSPORT DETAILS AND TRAVEL INFORMATION

Full Name						
Passport №		**Citizenship**			**DOB :**	
No of Guests		**Type of Room**	☐ **Single**	☐ **Double**	☐ **Twin**	☐ **Suite**
Check-in Date		**Check-out Date**				
No of Nights		**No of Extra Beds**				
Breakfast	☐ **Yes** ☐ **No**	**Smoking**	☐ **Yes**		☐ **No**	

PLEASE SPECIFY IN WHICH HOTEL(S) YOU WISH TO STAY

City in Russian Federation				
Hotel (Please list in preferential order if you have one)	**1**		**2**	
	3		**4**	
	5		**6**	

PAYMENT DETAILS

☐ **Credit card** ☐ AmEx ☐ Diners Club ☐ Mastercard ☐ Visa	Please charge my credit card according to Andrews Consulting price list and the services chosen. A SURCHARGE APPLIES TO ALL CREDIT CARD PAYMENTS Cardholder name _____ Cardholder address _____	
☐ **Cash**	Card No.	Expiry
☐ **Cheque**	Signature	Date