



ASTANA

**Hotel Reservation Form for Minex Central Asia**

**14-17 of April, 2026**

**Park Inn by Radisson, Astana, Kazakhstan**

**Please complete all sections below and send this form directly to Reservation Department**

**Direct Tel: + 77172 67 00 34/35/36**

**Email: [reservation.astana@parkinn.com](mailto:reservation.astana@parkinn.com)**

Title (Dr., Mr., Ms., Mrs., etc.)	
First name:	
Last name:	
Telephone number:	
Facsimile number:	
E-mail Address:	
Arrival Date/Flight details/Time:	
Departure Date/Flight details/Time:	
Total number of nights	
Airport pickup/drop off* (Yes/No):	

***\*Please note that airport pick up or drop off is subject to additional charge***

Room type	Special Room Rate per room per night, KZT	Check box
Standard Single	50 000,00	<input type="checkbox"/>
Standard Double	60 000,00	<input type="checkbox"/>

- The rates include Buffet Breakfast, access to eXercise fitness center, unlimited WI-FI internet access, and VAT at 16%.
- The rates are applicable for the Minex Central Asia participants only.
- All reservations are subject to room availability.
- All reservations received after this date will be subject to availability and rate of the day.

***\*Please note that payment should be done in Kazakhstani tenge.***

CANCELLATION POLICY	ADDITIONAL INFO
<p>Please note that the following cancellation fees will be applied:</p> <ul style="list-style-type: none"><li>○ Any cancellations received 72 hours before arrival is free of charge.</li><li>○ Any late cancellations (after 72 hours) or no-shows are subject to 100% charge of the full stay.</li></ul>	<p>Hotel check in time – 3 pm (15.00) Hotel check out time – 12 noon (12.00)</p> <p>In order to guarantee direct access to the room upon early arrival (before 3 pm) the room has to be booked the night prior.</p>

Please guarantee your reservation by quoting your credit card details below.

Please note quoting your credit card details you agree with Hotel cancellation policy and any cancellations or no show fees will be charged from the credit card provided.

Credit Card Type (AX, VA, MC)	
Credit Card Number:	
Expiration Day:	
Signature of credit card holder:	

**THE ABOVE FORM IS NOT VALID WITHOUT CREDIT CARD INFORMATION**