

HOTELBARCELONACENTER * * * *

GUARANTEE HOTEL RESERVATION FORM ANNIC 2016

Please return this form at your e	earliest convenience, but no later than September 30th 2016
to:	
Valeria Orrú (HBC) email: <u>vorru</u>	<u>i@hotelescenter.com</u> .
Name and Surname: Company:	
Address:	
Telephone:	Fax:
E-mail:	
	, 2, 3) rooms
Standard room for single occupa	
Standard room for double occup	pancy
Arrival date:	Arrival time:
Departure date:	Number of nights:
Guarantee	
Type of Credit card:	(Visa, Amex, Diners, Mastercard)
Card number: Cardholder's name:	Expiry date:
	k copy of the credit card and a copy of the card holder's II
or passport.	a copy of the creat card and a copy of the card holder's in
TO 11 TH • FOR EXTRA NIGHTS, THE	BLE TILL SEPTEMBER 30 TH AND VALID FROM NOVEMBER 9 TH HOTEL RESERVES THE RIGHT TO APPLY DIFFERENT RATES BILITY. PLEASE CHECK AVAILABILITY FOR EXTRA NIGHTS
$\frac{\textbf{Note:}}{\textbf{All reservations must be guaranteed by}}$	credit card. Payment will be done upon check out.
31st2016.In case of cancellation after Nov	de in writing. ellation fee, for cancellations received between October 1st and October vember 4th 2016, the entire stay will be charged to the above credit card. are will be billed at 100% of the agreed rate.
► Please complete the required d September 30 th 2016	letails and return by fax or e-mail no later than to
Road and approved by	H / 12 - 1 - 0
Read and approved by: Name:	Hotel Barcelona Center 4*
Cardholder signature:	Confirmed by: Signature:
Date:	Date: