

HOTEL RESERVATION FORM ASOCIACION LYME IN 07/06/2019

| | | | | | |
|-------------|--|------|-------------------|--------|--|
| Surname: | | | Reservation Code: | | |
| First Name: | | | Male/Female: | | |
| Phone: | | Fax: | | E-mail | |

| ROOM TYPE | 07/06/19 | 08/06/19 | 09/06/19 | ROOMS | |
|-----------------|----------|----------|----------|-------|---|
| SINGLE USE ROOM | 139€ | 139€ | 139€ | | Note: Rates are in EURO per room per day, breakfast and 10% Taxes are included. |
| TWIN ROOM | 149€ | 149€ | 149€ | | |

| | ARRIVAL | DEPARTURE |
|--|---------|-----------|
| DATE OF ARRIVAL: (HOTEL CHECK-IN 15:00) | | |
| DATE OF DEPARTURE: (HOTEL CHECK-OUT 12:00) | | |

RESERVATION DEADLINE: 18/03/19

CANCELLATION DEADLINE: 18/03/19

- After the deadline, reservations will be accepted on a rooms-available basis only.
- After the deadline, we can't apply the special price, the price that we can offer is the best price at the moment of the reservation.
- A GUARANTEE via CREDIT CARD is required otherwise the RESERVATION will be not confirmed.
- PAYMENT The charge in the credit card should be done at any time after the cancellation deadline. You authorize to charge the total in the next credit card:

| CREDIT CARD | DINERS | EUROCARD/MASTERCARD | AMEX | VISA |
|--------------------|--------|---------------------|--------------|------|
| NUMBER: | | | VALID UNTIL: | |
| CREDIT CARD HOLDER | | | | |

SIGNATURE:

*If the credit card holder is not the guest, you need to add a copy of the credit card and holder passport.

RETURN THIS FORM DIRECTLY TO THE HOTEL

Tel: +34 91 562 52 92 Fax: +34 91 563 06 97 e-mail: md@vp Hoteles.com

