

HOTEL RESERVATION FORM

BOOKING DETAILS

Last name (Mr./Mrs./Miss): _____	First name: _____	_____
Date of birth: _____	Nationality: _____	_____
Arrival date: _____	Flight number: _____	Time: _____
Departure date: _____	Flight number: _____	Time: _____

GUEST DETAILS

Passport number: _____	Date of issue: _____
Title: _____	Company name: _____
Address: _____	
City/State: _____	Country: _____
Zip/Postal code: _____	Email: _____
Telephone: _____	Fax: _____

PLEASE RESERVE - Please tick the appropriate boxes for your service

Room rates

Room Type	Single occupancy	Double Occupancy	Benefit Included

Preferences: Smoking King-size Bed Twin bed

Pick up	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Number of persons
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Drop off	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Number of persons
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Payment Method: All charges will be paid by guest own account

Other Special Request: Special menu, etc.

RESERVATIONS GUARANTEE - Credit card with expiry date is required upon making reservation

Credit Card Type	American Express <input type="checkbox"/>	Master Card <input type="checkbox"/>	JCB <input type="checkbox"/>	Diners Club <input type="checkbox"/>	Visa <input type="checkbox"/>
Credit Card No:				Expiry Date:	
Card Holder's Name				Signature:	