

RESERVATION REQUEST FORM

For Workshop V4

COMPANY DETAILS

COMPANY NAME _____

GUEST NAME _____

BOOKER NAME _____

POSITION/DEPT _____

TELEPHONE № & E-MAIL _____

GUEST DETAILS

ARRIVAL DATE/TIME/FLIGHT DETAILS _____

DEPARTURE DATE/TIME/FLIGHT DETAILS _____

No NIGHTS _____

ROOM TYPE _____

RATE _____

AIRPORT PICK UP ☐ AIRPORT DROP OFF ☐

- * Hotel's official Check-In time is 14:00pm and Check-Out time is 12:00pm
- * Early Check-In before 06:00am – full charge of room rate (in case of availability)
- * Early Check-In from 06:00am to 14:00pm – half charge of room rate (in case of availability)
- * Late Check-Out from 12:00pm to 18:00pm – half charge of room rate (in case of availability)
- * Late Check-Out after 18:00pm – full charge of room rate (in case of availability)

PAYMENT INSTRUCTIONS

All expenses own account ☐ All expenses company pays by bank transfer ☐

Company pays for accommodation, other expenses own account ☐

Name of Cardholder _____

Credit Card Type _____

Card Number / Expiry Date _____

I agree and accept the hotel's conditions that in case of a guest's non-arrival or cancellation less than 24 hours prior to arrival, a penalty of one night's stay will be charged. This amount will be charged from guest credit card or payed by bank transfer from the company.

Signed _____ Date _____ 2019

Please return this filled-in form to Reservation Department by e-mail: H8582-RE1@ACCOR.COM