

OWN THE CITY

RESERVATION REQUEST

Name Surnam	Surname(s)		
Company			
Address			
Post/Zip code City/Country			
Telephone Fax			
E-mail			
Arrival date	Estimated time		
Departure date	parture date		
ROOM TYPE			
CATEGORY	RATE BB	NUMBER OF ROOMS	
Double*	65,97 €		
Double for Single Use Triple	05,97 €		
F			
* Shared with: Name Surname COMMENTS	,		
MEANS OF PAYMENT FOR RESERVATION GUA	RANTEE		
Credit Card Visa Amex Max	ster Card	Diners Club	
Card number Expiry date/			
Cancellation policies Until 3 days before arrival the cost of a one-night stay will be No-show In the case of no-shows the hotel is authorised to charge the of the days reserved			
Signature and Name		Date	

Please send this document by fax or e-mail to pilar.Gonzalez@melia.com or by fax 917478928 (Include all of the data with respect to the hotel and sales department)