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| ***GUEST INFORMATION*** |
| ***First Name*** |  | ***Last Name*** |  |
| ***Nationality*** |  | ***Accor Membership*** |  |
| ***Telephone*** | + | ***E-mail*** |  |

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| ***ROOM*** |
| ***Check-in Date*** |  | ***Check-out Date*** |  |
| ***Room Type*** | KING ☐  | ***Number of guests*** | 1 ☐ 2 ☐ |
| ***Special Requirements*** |  |

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| ***CREDIT CARD DETAILS*** |
| ***Type*** | American Express ☐ VISA ☐ MASTER ☐ BC ☐ |
| ***Number*** |  | ***Valid Date*** | *MM/YY* |

**CANCELLATION POLICY**

**3 Days prior to arrival** to avoid one night cancellation penalty.

**SIGNATURE: DATE:**