



**HOTEL RESERVATION FORM
4676 EUROPLATFORM**

Please, fax or e-mail the completed form to Eurostars Madrid Tower
Att: Marta Tarragó // director.ventas@eurostarsmadridtower.com
Fax: +34 91 334 27 01 // Phone: + 34 91 334 27 00

Full Name: _____

E-mail address: _____

Address: _____

Telephone: _____ Fax: _____

Passport Details: Number: _____ Expiry date: _____

Date of Issue: _____ Place of Issue: _____

I would like to book a single use room:

Rate: 110 € per room per night

I would like to book a double use room:

Rate: 125 € per room per night

Breakfast is included

Room rate is subject to 7% VAT.

Arrival date: _____ Arrival time: _____

Departure date: _____ Departure time: _____

PAYMENT CONDITIONS

Type of Credit card: _____ (Visa, Amex, Diners, Mastercard)

Card number: _____ Expiry date: _____

Cardholder's name: _____

Note:

All reservations are guaranteed by credit card only.

PLEASE KINDLY ATTACH A PHOTOCOPY OF BOTH SIDES OF YOUR CREDIT CARD.

Cancellation policy:

- Any cancellation should be made in writing.
- The whole stay is to be charged as cancellation fee for cancellations received less than 29 days before the arrival.
- In case of a no-show the whole stay is going to be charged to the above mentioned credit card

Guaranteed by:

Name:

Cardholder signature:

Date: