

## BOOKING RESERVATION FORM EUREKA

Please complete in **BLOCK CAPITALS** & fax back to Front Marítim Conventions Dep. on **+34 93 303 44 41**, or send it by e-mail to: **salones.frontmaritim@besthotels.es** 

PERSONAL DETAILS				
First Name:				
Last Name:				
ID or Passport Number:		· · · · · · · · · · · · · · · · · · ·		
Address:				<del></del>
Town County/State:				
Telephone:	Fax:			
Email:	· · · · · · · · · · · · · · · · · · ·	<del></del>		
RESERVATION DETAILS				
Room Occupancy:	☐ Single	□ Double	☐ Twin	
Arrival Date:	Departure D	ate:	Number of Nig	hts:
Guest Name (if applicable	e):			
This reservation will be cor contacts to the hotel by wri		ive a reference numbe	r from the hotel, by e	-mail or fax. Please, make all your
In order to guarantee you	ır reservation, please	supply your credit c	ard details:	
Card Type :	Visa □ Ma	asterCard	□ AMEX	☐ Diners Club
Cardholder's Name / Comp	oany Name (if Corpora	te card):		
Credit Card Number:				
Expiry Date:	Valid From Date (Diners Only):			
Card Security Code (number on reverse of card) :				
				to secure your reservation. If you wish to ation charges. Full details on this hotel's
HOTEL TERMS & CONDI	TIONS			
Group rate available until 16 th March After this day the rate could be increased.				
Double i	room single use: 15	57,00 € / night (10% ta	axes included) Bre	akfast buffet included
				s cancellation policy. By signing the Horr cancel your reservation completely:
<ul><li>Cancellations 10 days prior a</li><li>Cancellations from 09 to 6 d</li><li>Cancellations from 5 days or</li></ul>	ays prior arrival: 50% of I	FIRST NIGHT of your ac		
All hotel charges will be made	in Euros and hotel guests	s will be required to settle	room charges and ext	ras on the morning of their departure.
Signature:			<u>Date:</u>	