

## RESERVATION FAX FORM

**MEETING/EVENTO:** RDO  
**DATE/ FECHA:** 10/09/17 – 12/09/17  
**HOTEL:** DON CARLOS LEISURE RESORT & SPA

**NAME:** .....  
**EMAIL:** .....  
**TEL:** .....

**ROOM TYPE/TIPO HABITACION:**

ROH - SUPERIOR ROOM SINGLE USE: 142 €  
 ROH - SUPERIOR ROOM SINGLE USE: 156 €  
 ✓ Buffet Breakfast Included  
 ✓ 10% VAT not included  
 ✓ Rates per room & night

**ARRIVAL DATE:** /SEP/2017 (Check-in time is: 3:00 PM)

**DEPARTURE DATE:** /SEP/2017 (Check-out time is: 12:00 Noon)

NUMBER OF ROOMS: .....

ROOM TYPE: .....

**PAYMENT:**

To guarantee your room reservation, please fill in the following:

**CREDIT CARD HOLDER AUTORISATION/AUTORIZACION CARGO TARJETA CREDITO:**

American Express  Master Card/Eurocard  Visa  Diners Club

**Credit card number:** .....

**Expiry date:** .....

**Card holder's name:** .....

**Passport number:** .....

**SIGNATURE:** \_\_\_\_\_

**Date of signature:**

**\*Please note we need to get your signature to process your booking.**

**CANCELLATION CONDITIONS:**

- Cancellations and booking modifications after 20/08/2017 will incur costs 100% of stay.
- No Shows: the Hotel will charge the whole stay.

To ensure you receive the preferred group rate listed above, please return this form by e-mail:  
**booking@doncarlosresort.com.**