

HOTEL REGISTRATION FORM

Event :

Period :

To make a reservation for accommodation at our special rate,
Please complete this form and email/fax back to the respective hotel.

Reservation

Name : _____

Mailing address : _____

Phone : _____ Fax : _____ E-mail : _____

Arrival date : _____ Flight no : _____ Time : _____

Departure date : _____ Flight no : _____ Time : _____

PULLMAN BALI LEGIAN NIRWANA

Room Type	Room Rate	NO	Check-in Date	Check-out Date	Contact Detail
Deluxe Room	USD 115 nett/room/night				Mrs. Kristina Phone : 62 361 765466 ; 762500 Fax : 62 361 765011 Email : h6556-re1@accor.com h6556-rm@accor.com h6556-SL8@accor.com
Premium Deluxe	USD 140 nett/room/night				
Deluxe Suite	USD 190 nett/room/night				

Notes :

- Rate is including breakfast for 2 person
- Wi-fi access is included

General Notes:

- For other room types, bedding arrangement, airport transfer, etc., Please contact the respective hotel.
- All rates are inclusive service charges, government tax and breakfast for two person.
- Reservations must be made prior to **August 01, 2017** (room will be subject to availability)

Cancellation Policy:

- 14 days prior to arrival date, hotel will charge a cancellation fee of 1 night stay.
- 07 days prior to arrival date, hotel will charge a cancellation fee of 100% of estimated total room arrangements.
- No show guest, hotel will charge a cancellation fee of 100% of estimated total room arrangements.

GUARANTEE

Please complete the following to guarantee your reservation.

American Express Visa Diners Club JCB Mastercard

Cardholder Name : Expiry date:...../.....

Card number : Signature:

I certify that all information is complete and accurate. I hereby authorize the hotel to collect payment for all charges as indicated by processing a charge to the credit card listed above.