

HOTEL FRONT MARITIM **** Passeig Garcia Faria 69-71, 08019-Barcelona. Tel: 93 3034440. Fax: 93 3034441 HB004149

BOOKING RESERVATION FORM

- FEFCO 2015 -

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

PERSONAL DETAILS

First Name:				
Last Name:				
ID or Passport Number:				
Address:				
Town County/State:				
Telephone:	Fax:			
Email:				
RESERVATION DETAILS				
Room Occupancy:	□ Single	Double		win
Arrival Date:	Departure	Date:	Number of Nights:	
Guest Name (if applicable	e):			
This reservation will be cor contacts to the hotel by wri		eive a reference num	per from the hotel,	, by e-mail or fax. Please, ma
In order to guarantee you	ir reservation, pleas	e supply your credit	card details:	
Card Type :	I Visa 🗆 🗆 🛛	AasterCard		□ Diners Club
Cardholder's Name / Comp	oany Name <i>(if Corpor</i>	ate card):		
Credit Card Number:				
Expiry Date:	Valid From	n Date (Diners Only):		
Card Security Code (numb	er on reverse of card):		
<u>Please Note</u> : Rooms are holding o change or cancel your reservation, policy are attached.	n a guaranteed basis only a guaranteed basis only a please contact the Front N	and you are required to supp larítim Group Department c	ly credit card details ir irectly to avoid cancell	n order to secure your reservation. If lation charges. Full details on this ho
HOTEL PRICES				

- Single :
- 103,00 € / night (10% taxes included) Breakfast buffet included
- Double / Twin : 113,00 € / night (10% taxes included) Breakfast buffet included

TERMS & CONDITIONS

Once the Front Marítim has received your Reservations Form, your booking will be subject to the Hotel's cancellation policy. By signing the Hotel Reservations Form, you are agreeing to settle the following charges should you wish to reduce nights or cancel your reservation completely:

· Cancellations from 6 days or in case of NO SHOW: 100% of FIRST NIGHT of your accommodation booking

Signature:

Date: