

**REFERENCE: " GENEVA GROUP"**

Kindly, fill in this form and return it by e-mail [smorales@galleryhoteles.com](mailto:smorales@galleryhoteles.com) or fax 0034 93 415 9184 **before 11<sup>th</sup> January 2016**. All reservations received after this date will be subject to availability and rates of the hotel.

NAME: \_\_\_\_\_ LASTNAME: \_\_\_\_\_

COMPANY: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

ARRIVAL DATE:            /    /            (Day/Month/Year)

DEPARTURE DATE:        /    /            (Day/Month/Year)

**ROOM TYPE** (extra nights will be charged with the rate available at the hotel, as well as the reservations received after the 11<sup>th</sup> January 2016)

Room Category	Rate/night Buffet breakfast included	Please indicate your room category
DOUBLE CLASSIC PREMIUM ROOM (SINGLE USE)	<b>130 €</b>	
DOUBLE CLASSIC PREMIUM ROOM (DOUBLE USE)	<b>140 €</b>	
DOUBLE SUPERIOR ROOM (SINGLE USE)	<b>155 €</b>	
DOUBLE SUPERIOR ROOM (DOUBLE USE)	<b>165 €</b>	

BUFFET BREAKFAST INCLUDED.

10% VAT not included.

1.21€ City tax not included

In order to guarantee this reservation, please provide us with the following credit card details:

CREDIT CARD HOLDER:

CREDIT CARD TYPE:

CREDIT CARD NUMBER:

EXPIRY DATE:        /        (Month/Year)

**Cancellation Policy**

- Payment should be made when the client checks out.
- Any cancellation must be in writing and sent to the Hotel.
- Any room cancellation will be admitted without charge until 11<sup>th</sup> January 2016.
- Cancellations received between 12<sup>th</sup> January 2016 and 30<sup>th</sup> January 2016 will have as expenses the 50% of the first night.
- Cancellations received between 31<sup>th</sup> January 2016 and 22<sup>th</sup> February 2016 will have as expenses the 70% of the first night.
- Any room cancellation received after 72 hours before the arrival date, will have charges with the total amount of stay to the credit card indicated above.

**No-Show**

- In the case of no-shows the hotel is authorised to charge the full amount corresponding to guest rooms for all of the days reserved.

I accept all conditions indicated above:

Signature of the credit card holder: \_\_\_\_\_ Date: \_\_\_\_\_