

HOTEL BEL AIR

HOTEL RESERVATION FORM/ FORMULARIO RESERVA

Please fill in (block letters) and return to/ Por favor completar en letra imprenta y enviar a: Hotel Bel Air,
Arenales 1462 (1061) Buenos Aires, Argentina.
Phone/ Fax 54 11 4021 4000
Email: reservas@hotelbelair.com.ar

Surname/ Apellido First Name / Nombre

E-mail: Phone/ Tel

Accompanying persons:

Surname/ Apellido First Name / Nombre

Surname/ Apellido First Name / Nombre

Date of arrival/ fecha llegada: Time of arrival/horario arribo :

Date of departure/ fecha salida: Nights Total/ total noches:

Room Type/ Tipo Habitacion: Comfort/ Superior Sgl or Dbl <input type="checkbox"/>	Rate: \$1350 + tax (21%)
<input type="checkbox"/>	

Total amount due (price x nights total) \$/ Precio total en \$

Note please, that the reservation of accommodation cannot be made without a credit card for guarantee.

Nota: Solo se podra realizar reservas con los datos de una tarjeta de credito

Please fill out the information bellow / Completar

Credit Card guarantee information / tarjeta de credito para garantia de reserva:

American Express Master Card Visa Diners Sum Total

Card n°

Security code / codigo de seguridd

Expires/
Vencimiento: Bank /Banco;

ID of card holder/ Doc ident del titular TC:

Cancellation fees: Cancellation without charge must be made 96hs before arrival date, after this date we will charge your first night into credit card guarantee. Cancellations after 48hs before arrival date we will charge two night deposit
Politica de cancelacion; No se cobraran gasto de cancelacion 96hs horas previas a arribo, a posterior se cobrará 1 noche a la tarjeta de credito de garantia y dos noches si la cancelacion se realiza 48hs previas al arribo

Date/ dia

Signature/ firma:

Please send this form by e-mail with your signature