

HOTEL RESERVATION FORM

Please send by email E-MAIL: reservas@torelavantgarde.com

Arrival Date:	Departure Date:	Number of nights:	
Name:			
Company:			
Address:			
Phone:	Fax:	Email:	
Credit card type:	redit card type: Expiry Date:		
Credit Card Number:	redit Card Number: Card Holder:		
Credit card Security Cod	de (last 3 digits on the back):		
Hotel Reservation Requ	uest: Single / Double		
-	Type of room	Sgl / DBL]
Classic -	– Breakfast Included	€ 220,00]
Executive	e – Breakfast Included	€ 245,00]
availability. 60 Days before guest informed. This is a non-	be received until April 19 th 20 arrival the full amount of the refundable rate so please note, if ervation shall not be refunded.	eservation will be cha	rged on the credit card
collected at the propert	th 1, 2018, a tourism tax of EUR 2 pays. This tax does not apply from the as been determined by the local ac	8 th night of stay and ch	nildren 13 and below are
Signature:			

