



HOTEL RESERVATION FORM:

Conference PH

Please, fax or e-mail the completed form to **HOTEL NOVOTEL BARCELONA CITY**

RELEASE DATE 24.04.2017

Att: MRS ZUZANA // H5560-NA@accor.com

Reservation details

Mr.

Mrs.

Ms.

Surname: Name:

Institution / organization:

Address:

Postal code/City: State: Country:

Phone: Fax:

E-mail:

Options:

Double for single use

Arrival Date (dd/mm/yy) Estimated arrival time:

Departure Date (dd/mm/yy)

Double for single use 180€

Double room 195 €

Daily rates (10% VAT included)

Buffet Breakfast included

Check-in: 16 p.m. - Check-out: 12 noon

Local city tax not included in the room rate: 1.21€ par adult and night

NOVOTEL BARCELONA CITY
AVDA DIAGONAL 201, (ENTRADA POR CIUTAT DE GRANADA)

08018 Barcelona

Phone: +34 93 326 24 99

Reservation Policy:

Reservation guaranteed by credit card: **The cardholder's signature is required.**

Credit Card Eurocard Mastercard Visa American Express
 Diners Club

This is a company card or a private card in the name of:

- Company name:
- Name cardholder:
- Card Number:Expiry date:

CANCELLATION TERMS:

- All cancellations must be done under a written form.
- 100% DEPOSIT UPON CONFIRMATION.
- No cancellation/amend possibility after confirmation
- In the event of no show the hotel is entitled to charge the whole stay

- **I agree with the above conditions. Signature Card Holder:**

Confirmation

Signature CARD HOLDER