

HOTEL BOOKING FORM
ADFIMI
Accommodation Group
(11 - 13 September 2018)
e-mail: acoksen@themarmarahotels.com

NAME : _____

ADDRESS: _____

CITY: _____ PROV/STATE _____

ZIP/POSTAL CODE: _____ COUNTRY: _____

PHONE NO(with area code) _____ FAX: _____

E-MAIL: _____

(note: This information will be used to mail or fax an acknowledgement of your reservation)

SENT CONFIRMATION BY: FAX E-MAIL:

PASSPORT NUMBER: _____ DATE OF BIRTH: _____

PLEASE RESERVE:

- | | |
|---|---|
| <input type="checkbox"/> Single Deluxe City View | EURO 110.00/per night(including breakfast and excluding VAT %8) |
| <input type="checkbox"/> Double Deluxe City View | EURO 120.00/per night(including breakfast and excluding VAT %8) |
| <input type="checkbox"/> Goldehorn or Bosphorus Suite | EURO 400.00/per night(including breakfast and excluding VAT %8) |

CANCELLATION POLICY: The reservation has to be made until 12th of August 2018. Please note that cancellation or date modifications will be accepted until 7 days prior to arrival date, after this date there will be no-show charge of full nights stay to be applied.

ARRIVAL DATE: _____

DEPARTURE DATE: _____

STAYING A TOTAL OF _____ NIGHTS.

TYPE AND CREDIT CARD NUMBER: _____

EXPIRATION DATE: _____

CARD HOLDER'S NAME: _____

SIGNATURE

DATE

COMPLETE THIS FORM AND SEND IT DIRECTLY TO THE HOTEL BEFORE 12th of August, 2018.