

$\star\star\star\star$ HOTEL REGISTRATION FORM

For the



Please answer directly to the Reservations Department:

Fax: + 33 4 93 680458 Tel: +33 4 93 067575 e-mail: info@hotel-america.com

Guest Name:		Surname:	_
Address:			
Fax n°/e-mail:		_	
Arrival date:		Departure date:	
	Classic Single room € 120	Classic Double/Twin room € 130	
Breakfast + Taxes inc	1.:		
JCB or Diners) and expiration - Upon reception - hereunder men - The balance of Hotel.	ry date. of this form the Hotel will tioned. the stay will be charged on	charge 1 night's charge on the credit card the credit card given upon check-in at the Recept will be kept by the Hotel Cannes as penalty. The	otion of the
Cre	dit card number	CVC Security Code Expiry date	
		-	
	3 3	x/e-mail with the confirmation number as at you have received such a confirmation.	soon as we
Dear Sirs, We are pleas	ed to confirm the above res	servation with the following confirmation	

We look forward to welcoming you soon at the Hotel America in Cannes.