

CongreSS Organización Integral

Viña del Mar - Chile

Phone: 56-32-836337 Fax: 56-32-688788

E.mail: congress@mailbox.as or congress@vtr.net

HOTEL RESERVATION AND TRANSFER FORM

Contact Name:

Person who made reservation. If left blank it is assumed to be the guest.

I want that confirmation to be sent to this email

GUEST INFORMATION

Last name/First name:		
Rut / Passport:	Nationality	
Company Name (Dep., Univ.):		
E-mail:		
Phone:	Fax	
(Country and area code)		
Mailing Address		
City:	State	Country
Travelling Companion: YES	NO.....	
Last name/First name:		

HOTEL RESERVATION

Hotels (Specify preference):

First choice:

Second choice:

Third choice:

----- Single Superior ----- Standard Single

----- Double Superior ----- Standard Double ----- Suite

----- Tripple

Arrival date and time:

Departure date and time:

N° nights:

Total Nights per room

USD

RESERVATION GUARANTY

..... The reservation is confirmed and guaranteed with this credit card:

Credit Card Brand: N°.....

Expiration date: / / (Day, month, year)

Name as it appear on credit card:

Cardholder signature:

Note: Reservation with credit card doesn't oblige you to pay with it.

PAYMENT METHODS (Hotel fees are paid directly to each hotel)

..... Guest pays total upon checkout.

..... The Company or those Responsible pay for the room and breakfast. All other expenses are responsibility of the guest at checkout.

..... The Company or Responsible Party pays all guest expenses.

RESERVATION POLICY

- Hotel Reservation Form is to be sent by fax only (for security reasons) to CongreSS Organización Integral, to 56-32-688788.
- The Hotels will keep rooms blocked off until the deadline date of April 23, 2004. After this date the rooms will be available for other guests.
- Reservation cancelation policy: 48 hours before arrival.
- If the reservation has been confirmed and guaranteed, but the passenger doesn't arrive, the first night will be charged (no show) and the rest of the bill will be cleared from the system..
- Sending this information does not mean that your reservation has been approved. This will occur when you receive an email with a confirmation number.

TRANSFER

I need transfer Airport - Hotel:	----- YES	----- NO
I need transfer Hotel - Airoport	----- YES	----- NO
Private car Airport / Hotel or Hotel / Airport (maxl 3 pax.)	
Private minibus / Minivan Airport / Hotel or Hotel / Airport (maxl 10 pax.)	
Official Transport (per pax.)	
Number of passengers:		
Cost for transportation		USD
Arrival:		Departure:
Airline:		Airline:
Flight N°.....		Flight N°.....
Departure date and time		Departure date and time
Arrival date and time		
Note: Payment upon taking the transfer.		