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| **Reservation Form** |
| Name of Guest  | Mr./Ms. |
| Designation |  |
| Company |  |
| Check-in Date |  |
| Check-Out Date |  |
| Room Type*(Please check)* |  | Superior |   | Others, please specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Deluxe |
|   | Premier |   |
| Bed Preference Request*(Please check)* |  | 1 King Bed |
|   | 2 Double Beds |
| No. of persons | Single / Double occupancy |
| Billing Instructions *(Please check)* |  | Personal Account of the guest |
|  | Charged to Company |
| Items to charge to company (*room, all charges, etc.*) |
|  | *All charges* |
|  | *Room and breakfast* |
|  | *Room, breakfast and airport transfers* |
|  |  | *Others, please specify:* |
| Arrival flight no./ETA |  | *Airport transfer required* |  |
| Departure flight no./ETD |   | *Airport transfer required* |  |
| Remarks/Other requests |   |
| For Room Guarantee |
| *Credit card number* |   |
| *Expiry Date* |   |
| *Cardholders Name* |   |
|  Please forward the accomplished form to: resv.mnl@marcopolohotels.com |