|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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](mailto:resv.mnl@marcopolohotels.com) | | | | | |