RESERVATION FORM CEWEP 0918

NH COLLECTION VILLA DE BILBAO

CLIENT NAME: _____

ID: _____

OR PASSPORT NUMBER: _____

PERSONAL ADRESS INFORMATION:

STREET: _____

NUMBER/FLOOR: _____

CITY: _____

ZIP/POSTAL CODE: _____

CREDIT CARD INFORMATION:

TYPE: _____

NUMBER(16): _____

EXPIRATION DATE: _____

TYPE OF ROOM:

SUPERIOR ROOM

SINGLE ☐ DOUBLE ☐

PREMIUM ROOM(+ 40€ TAXES INCLUDED ABOVE AVAILABILITY):

SINGLE ☐ DOUBLE ☐

TRIPLE ROOM SUPPLEMENT(+33€ TAXES INCLUDED ABOVE AVILABILITY): ☐

ADDITIONAL CLIENT REQUIREMENTS (ABOVE AVAILABILITY)

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