###  APPLICATION FORM FOR ROOM RESERVATION

### HOTEL MELIA CORAL \*\*\*\*\* & HOTEL SOL GARDEN ISTRA \*\*\*\*; Umag, October 12-13, 2018.

**PLEASE FILL IN YOUR DETAILS**

|  |  |
| --- | --- |
| Name and Surname:  | Company:  |
| Address: | VAT Nr: |
| Phone: | Mobile: |
| Fax: | E-mail: |

**CHECK IN**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **CHECK OUT:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ROOM TYPE**: [ ]  single [ ]  double

|  |  |
| --- | --- |
| Room is shared with:  |  |

**Room rates per day in EUR - HALFBOARD**

|  |  |  |
| --- | --- | --- |
| **HOTEL (mark)** | **Single room per person**  | **Double room per person**  |
|  [ ]  MELIA CORAL \*\*\*\*\* | 70.-\* | 58.-\* |
|  [ ]  SOL GARDEN\*\*\*\* | 57.-\* | 45.-\* |
| City tax included in price |
| Registration fee |

\*Check in: from 14.00 PM, Check out: till 10 AM

|  |
| --- |
| PAYMENT ( please mark A or B) |

1. **Payment at the hotel reception**. In this case credit card details are essential as a guarantee of arrival. Payment is made at the reception in HRK (cash, credit or debit card) at the exchange rate on the payment date.
2. **Payment in advance - to the bank account.**ERSTE & STEIERMARKISCHE BANK d.d. Rijeka

IBAN:HR8124020061100389462

BIC:ESBCHR22

An estimate will be sent via email or fax. Reservations are confirmed upon receipt of payment and the original receipt will be issued after departure.

|  |
| --- |
| GUARANTEE OF PAYMENT  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Type | [ ]  American Express | [ ]  Diners Club | [ ]  Mastercard | [ ]  Visa |
| **By this signature I authorize the hotel to charge my card in case of no show and cancelation after deadline for cancelation** | Card Number: | Valid until:  |
| Card holder:  |
| Signature: |

**\*Additional info:**

- Reservation is not valid without written reservation confirmation from call center

- In case of no show, the hotel reserves the right to charge the whole reserved period per rates reserved

**To make your reservation on time, please send registration form at:** natalija.dokoza@plavalaguna.com

Contact number: +385 (0) 52 - 410184

YOUR RESERVATION IS CONFIRMED WHEN YOU RECEIVE WRITTEN HOTEL RECEIPT.

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **(signature)**