



RESERVATION FORM
MRO EUROPE
September 23-25, 2008
MELIÁ BARAJAS

FIRST/GIVEN NAME: _____ LAST /SURNAME: _____

COMPANY NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ COUNTRY: _____

POSTAL CODE: _____

TELEPHONE: _____ FAX: _____
(PLEASE INCLUDE COUNTRY CODE) (PLEASE INCLUDE COUNTRY CODE)

EMAIL: _____

ARRIVAL DATE/TIME: _____ DEPARTURE DATE: _____
(DAY/MONTH/YEAR) (DAY/MONTH/YEAR)

METHOD OF PAYMENT: VISA _____ MasterCard _____ AMEX _____ Diners Club _____

CREDIT CARD: _____

NAME ON CARD: _____ EXPIRY DATE: _____
(DAY/MONTH/YEAR)

Melia Barajas Euro 155 with breakfast per night (Double for single use)
Avda. de Logroño, 305 Madrid SPAIN 28042
Tel: (34) 91 7477700 - Fax: (34) 91 7478717 - E-mail: melia.barajas@solmelia.com

CATEGORY	RATE BB	NUMBER OF ROOMS *
Double*	€ 175 with breakfast	
Double for Single Use	€ 155 with breakfast	
		The hotel will provide shuttle service to the IFEMA
Check in: 15h00 Check out: 12h00	7% Tax not Included	All reservations must be guaranteed by a credit card

*SHARING ROOM WITH
FIRST/GIVEN NAME: _____ LAST /SURNAME: _____

* NOTE: Any request for 5 or more rooms will be considered a sub-group and will require a separate group contract with penalty in full should the release or cancellations after room guarantee is provided.

CANCELLATION POLICY: Less than five (5) days prior to the arrival date the full cost of the entire stay will be billed to the credit card for cancellation costs; In the case of no shows, the hotel is authorized to charge the full amount corresponding to the guest room and breakfast for all of the days reserved.

Print Name/Signature _____ Date _____

PLEASE EMAIL THIS DOCUMENT TO commercial.melia.barajas@solmelia.com or fax: +34-91 747 87 17