



RESERVATION FORM
MRO EUROPE
 September 23-25, 2008
 TRYP ALCALÁ 611

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)

Tryp Alcala 611 Euro 125 with breakfast per night (Double for single use)
 Alcalá, 611-613 Madrid SPAIN 28022 Euro 135 with breakfast per night (Double/Twin)
 Tel: (34) 91 7434130 - Fax: (34) 91 7434142 - E-mail: tryp.alcala.611@solmelia.com

CATEGORY	RATE BB	NUMBER OF ROOMS
Double*	€ 135 with breakfast	
Double for Single Use	€ 125 with breakfast	
Check in: 15h00 Check out: 12h00	7% Tax not Included	All reservations must be guaranteed with 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 a one night's charge 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 SOLE.GARCIA.ROMERO@SOLMELIA.COM OR FAX: +34 91 743 4142