



HOTEL RESERVATION FORM

(Please fill with complete information)

Passenger Name and Last Name.....
Passport Number
Company
Address
City.....State.....Zip Code
Country
E-mail address.....
TelephoneFax

Hotel Name
Check In date.....
Check Out date
Type of room single / double (one bed) / twin (two beds) / adicional bed
(bed type based upon availability)
Number of guests
Special Requests
SmokingNon Smoking
Person(s) sharing room

To guarantee and pay the Hotel reservation, please fill the following form:

By means of the present I authorize to Viajes Dannemann Lufthansa City Center, to debit from my credit card, the amount of US Dollars

(All the charges will be debited in Argentinian Pesos using the rate change of the day of paying)

CREDIT CARD	Visa – MasterCard – American Express (erase what it does not correspond)
NAME ON CREDIT CARD:	
CARD NUMBER AND BANK OF ISSUE:	
EXPIRATION DATE:	
SECURITY CODE: (in the back, on the sign panel)	
ICA NUMBER :	
(its on one corner of the card in small numbers, only MasterCard)	

Owner's Sign

Owner's Name

Please, send the form by fax:

+54 2944 422000

or e-mail to:

Guadalupe Cano guada@dannemann.com.ar
Liliana Sorrentino liliana@dannemann.com.ar