



SANTIAGO

CISCO NETWORKERS GROUP, DEL 02 AL 09 DE OCTUBRE DE 2009
HOTEL RESERVATION FORM

Please send your reservation form before September 15th 2009.(Reservations made after this date will be subject to availability).

Form fields for personal information: Surname, First Name, Company, Address, Zip Code, Tel, Title, Initials, City, Country, Fax, E-mail, Male, Female.

It is important to state that all foreigners paying their total bill in Dollars, Traveler Checks or with the following Credit Cards: American Express, Visa, Master Card and Diners (not issued in Chile) can be deducted of the 19% Value Aggregate Tax .

Check in time from 15:00hrs.
Check out time is before 13:00hrs.
Room rate per night US \$165.00 (Breakfast Included – Noso Restaurant)

ARRIVAL / DEPARTURE

Form fields for arrival and departure: In, Airline/Flight Number, Time, Out, Airline /Flight Number, Time.

Requests: Smoking Room, Non Smoking Room

Transfer service needed: No, Yes

If yes: Standard (Hyunday, \$26.000 CLP), Executive (Mercedez Benz, \$35.000 CLP)

Special Requests:

Cancellation policy:

Free of charge, 48 hrs. prior arrival date
Cancelation received between 48 hrs. and arrival day, will be charged 01 night of penalty.

PAYMENT DETAILS: (Credit Card details are required to guarantee reservation.)

Guaranteed by credit card: Amex, Diners, Master, Visa

Cardholder name, Signature

Credit Card Number, Security code, Expiry

I Hereby agree to the Hotel policy regarding credit card information
Please send this reservation form scanned to Mr. Christopher Hevia: christopher.hevia@whotels.com

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ISIDORA GOYENECHEA 3000, LAS CONDES
SANTIAGO
CHILE