

just behind the Hotel Majestic



HOTEL REGISTRATION FORM

For the



Please answer directly to the Reservations Department:

Fax: + 33 4 93 680458 Tel: +33 4 93 067575 e-mail: info@hotel-america.com

Guest Name:		Surname
		Surname:
Address:		
Fax n°/e-mail:		
Arrival date:		Departure date:
	Classic Single room:	Classic Double/Twin room:
	€ 120,-	€ 130,-
Breakfast + Taxe	es inclusive!	
		olease indicate a credit card number (Amex, Visa, Euro/Mastercard,
JCB or Diners) an - Upon rec		Hotel will charge 1 night's charge on the credit card
	er mentioned.	Total will charge I highles charge on the credit card
	ice of the stay will be cha	arged on the credit card given upon check-in at the Reception of the
Hotel.	tion or no show the pres	epayment will be kept by the Hotel Cannes as penalty. This amount v
be non refundable		payment will be kept by the Froter Camies as penalty. This amount v
		Signature :
	Credit card number	cr CVC Security Code Expiry date
		, , ,
		nation fax/e-mail with the confirmation number as soon as we
have checked the	availability. Pls make	e sure that you have received such a confirmation.

We are pleased to confirm the above reservation with the following confirmation

We look forward to welcoming you soon at the Hotel America in Cannes.

Dear Sirs,

number: _