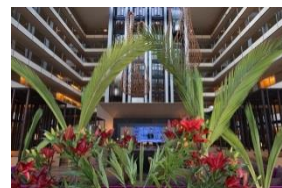


## Hotel Reservation Form

### IAIS

June 8<sup>th</sup> – 16th 2019



#### Deluxe Rooms

|              |               |
|--------------|---------------|
| Queen Single | USD 207 + TAX |
| Queen Double | USD 227 + TAX |
| Twin Double  | USD 247 + TAX |

- The above mentioned room rate **includes** Breakfast served at *El Faro Restaurant*.
- The reservation includes complimentary access to our Hilton Fitness and wifi.
- Rates are quoted per room per night, subject to availability.
- All guest room rates are subject to local VAT tax (21%).
- There will be an additional charge of USD 50.00 + VAT **per day** for an additional bed if requested.

A valid Credit Card is required in order to guarantee your reservation. Upon meeting this requirement, a confirmation number will be provided.

This form is only valid to guarantee a reservation and not as payment.

**Check in Time:** 3.00 p.m. **Check out Time:** 12.00 p.m.

#### Cancellation Policy:

- From the reservation confirmation until June 7<sup>th</sup> 2019, cancellation penalties will not apply
- Full length of stay will be charged on June 8<sup>th</sup> 2019 to the credit card provided. Should reservations be cancelled after the mentioned date, full length of stay will be charged as penalty, and will not be refundable.
- In case of No Show or early departure full length of stay will be charged as penalty.

| Guest Name | Room Category | Preferred Room Type                       | Preference                          |
|------------|---------------|-------------------------------------------|-------------------------------------|
|            |               | 2 Double Beds <input type="checkbox"/>    | Smoking <input type="checkbox"/>    |
|            |               | 1 Queen Size Bed <input type="checkbox"/> | No smoking <input type="checkbox"/> |

Credit Card: American Express ☐ Visa ☐ Master Card ☐ Diners ☐

Card holder's name: \_\_\_\_\_ (as it appears on Card) Security Code: \_\_\_\_\_

Card Nº: \_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Authorized Card Holder's Signature: \_\_\_\_\_

#### General Information

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_

Country: \_\_\_\_\_ Phone #: [ \_\_\_\_ ] \_\_\_\_\_

E-Mail : \_\_\_\_\_ FAX #: [ \_\_\_\_ ] \_\_\_\_\_

Check-in Date (DD/MM/YY): \_\_\_\_/\_\_\_\_/\_\_\_\_ Check-out Date (DD/MM/YY): \_\_\_\_/\_\_\_\_/\_\_\_\_

Hilton Honors Number: \_\_\_\_\_

**E-mail (pdf) this form directly to**  
[Reservations.BuenosAires@Hilton.com](mailto:Reservations.BuenosAires@Hilton.com) / +54 11 4891-0189