



**HOTEL BARCELO PREMIUM SAN JOSÉ PALACIO
SAN JOSÉ, COSTA RICA**

Registration Card



Dear Client // Please fill the following information out:

Quantity of Rooms _____ Distributed as follows:

\$85.00 Single \$95.00 Double Executive Floor Single \$105 .00

Extra Person \$10 (more than 2 persons)
(Rates plus taxes (16.39%), Buffet breakfasts included, at Ánfora Cafeteria)

Full Name/Client(s)**:

1. _____ 2. _____

3. _____

**** In case of being more that 3 people, please attach the rooming list.**

E-mail address: _____

Phone: _____ other: _____ ext: _____

Fax Number: _____

Arrival: _____ Departure: _____

IF THE TRANSPORTATION FROM THE AIPORT TO THE HOTEL IS REQUIRED, PLEASE FILL THE FOLLOWING INFORMATION OUT:

Airline: _____ Flight Number _____ Arrival time: _____

COMMENTS:

****PLEASE FAX IT TO: (506) 231-19-90**

Please send this form to the fax number (506) 231-19-90, Corporative Sales Department.
Or by e.mail xvargas@barcelocr.com



This is an authorization to **HOTEL BARCELO PREMIUM SAN JOSE PALACIO** (CORPORACION ALGARD S.A.) for a charge the following credit card (only on time)

Credit Card Number. _____

Expiration date _____

Card Holder Name _____

Company

VISA AMERICAN EXP MASTER CARD

An amount of _____

As payment of _____

By concept of:

Company/signature of the credit card holder

NOTE: IN CASE OF NO CANCELATION OF THE RESERVATION 24 HRS BEFORE CHECK IN, I AUTHORIZE THE HOTEL TO LOAD TO THE CARD THE VALUE OF THE FIRST NIGHT.

****PLEASE ENCLOSE COPY BY BOTH SIDES OF THE CREDIT CARD AND ANOTHER IDENTIFICATION OF THE CARD HOLDER.**