



RESERVATION FORM

Please complete all information (using TAB to move between fields) and send directly to the Hotel
E-mail: eventos.berrini@tryphotels.com.br or by Fax: +55 11 5502-3801

GUEST DETAILS:

Family name : _____ Given name : _____
Street, City, Country : _____
Telephone : _____ Fax : _____
E-mail : _____

ROOM REQUIREMENT:

Standard room (single/Double occupancy) at BRL 329,00 SGL/ BRL 379,00 DBL/ night* (breakfast not included)

Premium room (single/Double occupancy) at BRL 409,00 SGL/ BRL 459,00 DBL/night* (breakfast not included)

Twin Bed or Double Bed (Required only for double occupancy)

Other requirements :

Arrival date : _____ Departure date _____ Nr. of nights: _____

The rates do not include 5% city tax (ISS) and tourism tax of BRL 3.20 per room per day.
Check-in time : from 14:00 and check out until 12:00pm

TO GUARANTEE THE RESERVATION:

All reservations must be guaranteed by credit card:

Full Name of Credit Card Holder: _____ Expiry date _____
Type of credit card : _____ Signature of card holder _____
Credit card number _____ Security code _____

To cancel a guaranteed reservation, please contact the hotel 24 hours before the arrival date and obtain a cancellation number, otherwise one night will be charged.

CONFIRMATION - to be completed by the hotel

This section will be completed by the hotel and the form returned to your attention.
We are pleased to confirm the above booking.

Reservation number : _____ Hotel stamp : _____
Date of confirmation : _____