## MELIÃ DE MAR

* Name * Last Name _	_		
Passport number	* Date of issue:		
OR			
ID card number	_ * Date of issue	! <u> </u>	
* Address			
* Zip Code * City /Co	untry		
* Telephone Fax	·		
* Birth Date (AAAA/MM/DD)://_			
* Nationality :			
E-mail	<del> </del>		
* The fields marked with an asterisk must be filled in.			
Arrival date D	eparture Date _		
Room Category	Rate	# of Rooms	]
Double deluxe sea view*	210 €		
Double for single use deluxe sea view			
Rates per room and night,	breakfast include	ed. 7% tax included.	
* Shared with: NameLas	st Name		
COMMENTS			
FORM OF PAYMENT to Guarantee the Reservation			
* Credit Card Visa Amex Mas	ter Card	Diners Club	
* Number * Expirat	ion Date/		
Cancellation policy Until 10 days before arrival the cost of a one-night st	av (B&B) will be	billed to my credit card for can	cellation costs
Between 9 and 4 days before arrival the cost of		•	
cancellation costs	ŭ	, , ,	
Less than 4 days before arrival the full cost of the en	tire stay (B&B) v	vill be billed to my credit card t	for cancellation
costs			
No-show			
In the case of no-shows the hotel is authorised to char for all of the days reserved	ge the full amou	nt corresponding to guest rooms	and breaktast
Tor all of the days reserved			
Signature & Name	D	ate	
		<u> </u>	
Please send by fax or e-mail to: Katja Dalmau (	<u>w katja.dalmat</u>	<u>(Wsolmelia.com</u>	

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