

Hotel Registration Form

CROWNE PLAZA SANTIAGO

ROOM RESERVATION REQUEST

To: Carolina Corfio F.
Group Co-ordinator

Fax: (56-2) 639-2062
Tel: (56-2) 638-1042

PLEASE COMPLETE THIS FORM AND FAX IT TO THE ABOVE NUMBER

EVENT'S NAME OACI - DGAC SYMPOSIUM
12 TO 15 APRIL, 1999

NAME:

TELEPHONE..... FAX.....

..... CONFIRMATION REQUEST
REQUEST

..... CANCELLATION

DATES:

ARRIVAL DATE..... TIME

DEPARTURE DATE..... TIME

TYPE OF ROOM:

..... SINGLE DOUBLE SMOKING NON-SMOKING

CONFIRMATION

I GUARANTEE THIS RESERVATION WITH THE CREDIT CARD INDICATED BELOW AND IN CASE OF CANCELLATION WITH LESS THAN 72 HRS NOTICE PRIOR TO THE EVENT I AGREE THE HOTEL WILL CHARGE FOR THE FIRST NIGHT.

GUARANTEE BY: VISA MASTER CARD AMEX DINERS

NUMBER & EXPIRATION DATE:

Hotel Registration Form

PRINCIPADO DE ASTURIAS HOTEL

ROOM RESERVATION REQUEST

To: Beatriz Hernandez
Group Co-ordinator

Fax: (56-2) 222-3158
Tel: (56-2) 222-7022

PLEASE COMPLETE THIS FORM AND FAX IT TO THE ABOVE NUMBER

EVENT'S NAME OACI - DGAC SYMPOSIUM
12 TO 15 APRIL, 1999

NAME:

TELEPHONE. FAX.

..... CONFIRMATION REQUEST CANCELLATION REQUEST

DATES:

ARRIVAL DATE TIME

DEPARTURE DATE TIME

TYPE OF ROOM:

..... SINGLE DOUBLE BUSINESS DE LUXE
..... JUNIOR SUITE SUITE

CONFIRMATION

GUARANTEE BY: VISA MASTER CARD DINERS OTHER

NUMBER & EXPIRATION DATE:
