



Group Reservation Form
******LULAC******
March 1 - 4, 2012

<input type="checkbox"/> -new reservation	<input type="checkbox"/> -revised	<input type="checkbox"/> -cancelled	<input type="checkbox"/> -other _____
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Arr. date: _____, 2012 Departure date: _____, 2012

Last name: _____ First name: _____ Title: _____

Total rooms: _____ Adults: _____ Child: _____ Age: _____ Age: _____

Room types for Single/double category: <input type="checkbox"/> -Single Room Poolside Area <div style="text-align: center;">\$115.00</div>
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Additional Charges: 9% government tax and 10% hotel fee. \$1.00 per person daily for maid services and \$4.00 per person one time for bellman. Parking Fee \$10.00 for 24 Hrs.

Breakfast Buffet \$15.00 per person including taxes and gratuity

Payment by: <input type="checkbox"/> -AX <input type="checkbox"/> -VS <input type="checkbox"/> -MC <input type="checkbox"/> -DC <input type="checkbox"/> -CB						
<table style="width: 100%; border: none;"> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">(cc holder name: <input type="checkbox"/>-same)</td> <td style="border: none;">(Credit Card number)</td> <td style="border: none;">(Expiration Date)</td> </tr> </table>	_____	_____	_____	(cc holder name: <input type="checkbox"/> -same)	(Credit Card number)	(Expiration Date)
_____	_____	_____				
(cc holder name: <input type="checkbox"/> -same)	(Credit Card number)	(Expiration Date)				

*Special requests: <input type="checkbox"/> -king bed <input type="checkbox"/> -Two full beds <input type="checkbox"/> -cribs (1) <input type="checkbox"/> - Low Floor <input type="checkbox"/> -First Floor <input type="checkbox"/> -Wheelchair <input type="checkbox"/> - other _____ *base upon availability (All rooms are non-smoking)
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Address: _____

City: _____ State: _____ Zip code: _____

Tel: () _____ - _____ Fax: () _____ - _____

E-mail: _____ Cel: () _____ - _____

The maximum guest capacity per room is: two (2) adults & two (2) children, three (3) adults and one (1) children, one (1) adult and three (3) children.. Up to two (2) children of 16 year old and under are free of charge when sharing same room with their parents. Once you complete this form, please faxed or e-mailed it to our Reservations Department, you will receive a confirmation number within 24 hours. A one night deposit will be required at the moment of reservation.

Reservations Due February 28, 2012.

(For internal use only (Reservations Department))

I Prefer Member _____ Confirmation #: _____ Conf by: _____
Today's date: _____

Mailing address: # 8020 Tartak Street, Carolina, Puerto Rico 00979
 For Reservations, on site: (787) 625-9025 Reservations fax: 1-(787) 625-9014
 E-mail: reservations@verdanzahotel.com
www.verdanzahotel.com