



REGISTRO DE HUÉSPED / GUEST'S REGISTER

Name / Nombre: _____ Last Name/ Apellidos: _____

Passport/ Pasaporte /ID # _____

Date Born / Fecha de Nacimiento: DD____ MM____ YY/AA_____

E-mail: _____

Country/ País: _____

Arrival Date to Berlor/ Día de llegada a Berlor: DD____ MM____ 2010

Departure Date from Berlor/ Día de Salida de Berlor: DD____ MM____ 2010

Number of Nights / # de Noches: _____ Number of People/ # de Personas: _____

Number of Rooms/ # habitaciones: _____ Children under 12/ Niños menores de 12: _____

CREDIT CARD CHARGE AUTHORIZATION

PLEASE FILL IN THE FORM BELOW WITH THE BILLING ADDRESS AND SIGNATURE FOR YOUR CREDIT CARD. NO RESERVATION WILL BE CONFIRMED UNLESS APPROVED BY THE CREDIT CARD COMPANY. YOU MUST FILL OUT A NEW FORM FOR EACH RESERVATION.

Conditions:

- Should fax a copy of your passport or ID
- Money refunds: only throw out the credit card bank system.
- We do not refund in cash or money transfers
- We do not accept Travel Checks
- Any reservation made within 48 hours before arriving, will not have a reimbursement, In case of cancellation.
- Cancellations / No shows: Subject to cancellations policies on our web page: www.berlorairporthotel.com.

Type of Card: CORPORATE _____ PERSONAL _____ VISA _____ MASTER CARD* _____

ACCOUNT #: _____ / _____ / _____ / _____ Expiration Date: _____

*PLEASE GIVE US THE LAST THREE DIGIT ON THE BACK OF YOUR CARD _____

AMOUNT \$ _____ Extra Charges / Otros Cargos \$ _____

CARDHOLDERS BILLING ADDRESS CITY STATE ZIP

x _____
CARDHOLDER S SIGNATURE

FAX CONFIRMATION: 506-2431-4413
CORPORACIÓN ZEBEVA DE COSTA RICA S.A.
Berlor Airport Hotel Tel: (506) 2431-4414