

ICECOM 2001

HOTEL RESERVATION FORM

Hotel ARGENTINA ☆☆☆☆☆

F. Supila 14, 20000 Dubrovnik, CROATIA

Fax: + 385 20 432 524

Please fill in all the fields bellow so we can send reservation confirmation back to you.
(please print clearly)

Personal information

Name: _____ Surname: _____

Address: _____

City: _____ Postal code: _____ Country: _____

Phone: _____ Fax: _____ E-mail: _____

Type of room

double – single use US\$ 80 / day; number of rooms: _____

double – double use US\$ 94 / day; number of rooms: _____

Local tax is US\$ 1 per person per day.

Arrival date (dd-mm-yyyy): ____/____/____ Time: _____

Departure date (dd-mm-yyyy): ____/____/____ Time: _____

To guarantee you reservation we need your credit card information or cash deposit.

VISA AMEX EUROMASTER DINERS

Card holder's name: _____

Card No.: _ _ _ _ _ Valid until: _ _ _ _

Signature: _____ Date: _____

For payment modalities other than credit card (check, money order) please contact the hotel.

**Please note that your reservation is not valid until it is
confirmed by our reservation department.**

For modification / cancellation terms please contact the hotel reservation department.