



CREDIT CARD AUTHORIZATION FORM – IMPORTANT NOTICE

NTUM: 1st Workshop In New Technologies For Urban Mobility

April 14 – 17, 2020

Enjoy Pucon Hotel

ENJOY will send you the confirmation number of this reservation request once we receive this form with the complete information required, including the credit card number.

Name:		Last Name:	
Address:		City:	Country:
Cell Phone number: <small>(Please, inform country and city codes)</small>		E-mail:	
Nationality:		Passport Number / Document:	
Date of Birth: / /		Company:	
Companion Name:	Passport number / Doc.:	Date of Birth: / /	
Additional information or special requirements (subject to confirmation according to availability):			

CHECK IN:			CHECK OUT:			ROOM TYPE		
Day	Month	Year	Day	Month	Year	Single	Double TWIN	Double BED
	04	2020		04	2020			

RATES:
 Single or Double Room: USD 103 + 19% iva
 (Rates include: Buffet Breakfast, Spa, Parking, Wi-fi, Casino Ticket)
 Rate applies for 3 nights accommodation from April 14 to 17, 2020

CANCELLATION POLICY:

- 100% penalty after booking
- No-shows: 100% of penalty of the stay. Will be charged at the Credit card informed here, considering this reservation cancelled.

TERMS AND CONDITIONS:

- Check in time: 4:00 pm / Check out time: 12:00 pm
- Rates valid for natural person.
- Reservation confirmation upon availability request, as it has a limited room block.
- The modification of the reservation may involve variation in the rate.
- If you need an early check-in or late check-out, ask us about rate and availability.
- If you need the transfer in / out, please do not hesitate to contact us informing the details of your flight.
- We remind you that at the time of the check-in, you will be asked for the documents of the guests and a guarantee to cover your incidentals. Can be paid by cash or credit card.
- Foreign guests will be exempt from VAT tax, as long as you prove your origin through the passport, along with the immigration stamp and the method of payment of your reservation must be in cash, dollars or credit card.

CREDIT CARD INFORMATION

CARDHOLDER'S NAME: (As shown on the card)	

CREDIT CARD TYPE:	<input type="checkbox"/> VISA <input type="checkbox"/> MASTER CARD <input type="checkbox"/> AMEX OTHER: _____
CREDIT CARD NUMBER:	_____
EXPIRATION DATE:	____/____ (Month/Year)
CARDHOLDER'S SIGNATURE:	_____ Written Name: _____

Please, send this authorization form to:

Enjoy Reservation Department

E-mail:

karla.lorca@enjoy.cl

reservas@enjoy.cl

Phone number: 600 700 6000