**Appreciate guest,**

Please fill out and send this format to:

Alexandra Sánchez

**dircomercialmedellin@spiwak.com**

**Accommodation fee and registration**

The above-mentioned rate is per room, per night and with the applicable taxes **NOT included** (Currently 19% Value Added Tax). VAT exemption will be verified during check in. Foreign guests must present passports relating migration status with stamps: PIP 5, PTP 5, TP 11. Room fee will be charged in Colombian Pesos at the exchange rate of the day.

* Suites have buffet breakfast included for up the number of guests per room in our restaurant “La Zarzuela.
* Check in: 15:00 hrs. Check out: 13:00 hrs.



**Reservation Information: (Kindly provide one registration form per room)**

Room type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number of guests in room 🡪 Adults ⬜ #\_\_\_\_ Children ⬜ #\_\_\_\_

1 Guest’s name(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Guest’s last name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: Mr.⬜ Mrs.⬜ Child ⬜

2 Guest’s name(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Guest’s last name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: Mr.⬜ Mrs.⬜ Child ⬜

Arrival date: (dd/mm/yy):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Departure date (dd/mm/yy)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Important:**

* Only reservations with complete credit card details will be guaranteed.
* Deadline for requesting rooms is October 2nd, 2017.
* After this date any room reservation request will be subject to hotel availability at the indicated room rate.
* Please contact our sales executive at dircomercialmedellin@spiwak.com for additional information, or our reservations department at reservas@spiwak.com
* Cancellations must be received before 24 hours in order not to cause penalty.
* Cancellations received after this time, cause the corresponding charge of the first night rate plus applicable taxes.
* Every No Show or Early Departure causes the charge of the first night rate plus applicable taxes to the individual credit card provided to guarantee your reservation.
* Requests for early check in or late check out will be subject to availability and will generate a 50% + iva charge on the selected room rate

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ with document No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ authorize the Hotel Spiwak Chipichape Cali to make a virtual payment from my personal or corporate credit card with the information provided below.*

***PERSONAL INFORMATION:***

🞅 *Telephone* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞅 *Mobile* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

🞅 *Address* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞅 *City-Country* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***CREDIT CARD INFORMATION:***

🞅 *Name on credit card* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

🞅 *Card type* (VA, MC, AX) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

🞅 *Card No.* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

🞅 *Expiration date* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

🞅 *Security code* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

🞅 *No. of payments* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If the total amount is not known or may vary depending on the charges, please leave blank.

🞅 *Amount to be charged* $\_\_\_\_\_\_\_\_\_\_\_\_\_

***AUTHORIZED CHARGES:***

🞅 *Room, tax, insurance and tourism contribution*

🞅 *All charges*

🞅 *Specify:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*If the card owner is not person staying in the hotel, please indicate the names of the people covered by the credit card.*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Please send clear copies of both sides of the credit card and of the ID document of the card owner.***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature