



HOTEL REGISTRATION FORM
For the



Please answer directly to the Reservations Department:
Fax : + 33 4 93 434 130 Tel : +33 4 93 43 44 45 e-mail: infos@cannes-palace.com

Guest Name: _____		Surname: _____	
Address: _____			
Fax n°/e-mail: _____			
Arrival date: _____		Departure date: _____	
Classic Single room 153,- EUR	Classic Double/Twin room 215,- EUR	Executive Twin 250,- EUR	Executive Apartment 275,- EUR
Buffet Breakfast + City Taxes included			

To guarantee the reservation, would you please indicate a credit card number (Amex, Visa, Euro/Mastercard or JCB) and expiry date.

- Upon reception of this form the Hotel will charge 1 night's charge on the credit card hereunder mentioned.
- The balance of the stay will be charged on the credit card given upon check-in at the Reception of the Hotel.

In case of cancellation or no show, the prepayment will be kept by the Hotel Cannes as penalty. This amount will be non refundable.

Signature : _____

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Credit card number

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Expiry date

Pls note that we will send you a confirmation fax/e-mail with the confirmation number as soon as we have checked the availability. Pls make sure that you have received such a confirmation.

Dear Sirs,
 We are pleased to confirm the above reservation with the following confirmation number: _____
 We look forward to welcoming you soon at the **Palace Hotel in Cannes.**