



**HOTEL REGISTRATION FORM  
For the**



Please answer directly to the Reservations Department:  
**Fax :** +33 4 97 06 26 01      **Tel :** +33 4 97 06 26 00      **e-mail:** reservation@cavendish-cannes.com

Guest Name: _____	Surname: _____	
Address: _____		
_____		
Fax n°/e-mail: _____		
Arrival date: _____	Departure date: _____	
<b>Breakfast + Taxes (1,30 per day/ per person):</b>	Superior room <b>150 EUR</b>	Deluxe room <b>170 EUR</b>

To guarantee the reservation, would you please indicate a credit card number (Amex, Visa, Euro/Mastercard, JCB or Diners) 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 **LE CAVENDISH & LA VILLA GARBO**