

6DISSMALTA'06

Accommodation Booking Form

Radisson SAS Golden Sands Resort & Spa

Tel: 00356 21 374894 / Fax: 00356 21 374895 / E-mail: sfalzon@islandhotels.com

Date: _____

Name of Client(s): _____

Company Name: _____ **Fax No.:** _____

Contact Name: _____ **Contact Tel.:** _____

E-mail address: _____

No. of pax.: _____ **Rm Type:** _____

Arrival Date: _____ **Dep. Date:** _____

Flight details. – Arr: _____ **Dep:** _____

Passport details: _____

Credit card details:

Name of Card: _____

Number: _____

Expiry: _____

Please note that reservation will not be confirmed without credit card details, which are required only for guarantee purposes.

Remarks:

Hotel Use Only

Action taken by: _____ **Signature:** _____

Reserv. No.: _____

Confirmed: _____ **Confirmation Date:** _____