#### Please complete and sign this form in BLOCK CAPITALS,

#### and e-mail or fax back to Reservations Dept. on the below provided details.

|  |  |
| --- | --- |
| Hotel Contact Information | Reservations Department |
| Hotel The Gates Diagonal\*\*\*\*Avenida Diagonal 20508018 BarcelonaSPAINTelephone (+34) 93 4895300Fax Number (+34) 93 4895319 | Contact Name | Mrs. Natàlia Salvadó |
| **Tel** | (+34) 93 4895300 |
| **Fax** | (+34) 93 4895319 |
| **E-mail** | Natalia.salvado@gateshotelbarcelona.com |
| **Web** | www.gateshotelbarcelona.com |

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| **Passport details** |
| **Title** |  | **First Name** |  | **Last Name** |  |
| Company Name |  |
| **Personal Address** |  |
| **City** |  | **Country/ State** |  |
| **Post/ZIP Code** |  | **Country** |  |
| **Telephone** |  | **Fax** |  |
| **E-mail** |  |

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| **Room Reservation Details** |
| *:\* Double room single use: 195.00 Euros**\*Double room double use: 210.00 Euros**\*Buffet breakfast: included**10%VAT included**City tax: 1.21€ per person per day*  |
| Room occupancy | □ Double single use □ Double double use □ Twin |
| Arrival Date |  | **Departure date** |  |
| Partner name *(if applicable)* |  |
|  |  |
| **Booking Conditions & Cancellation Policy** |
| * 01st night deposit non-refundable
* All reservations should be cancelled in writing, stating the reason for cancelling
* Any cancellation received up to 72 hours before arrival will be charged 01 night. From 72 hours and no show full penalty stay.
* Any “no shows” (guaranteed rooms that are not occupied on the day of arrival) and early departure shall be invoiced on the basis of 100% of the stay.
* Late Check Out may be requested on the reception. Extra charge may be applicable.
* Those Late Check Out not authorized will be charged directly to the Credit Card provided.
* If guests wishes to stay over the weekend, we will accept reservations upon availability.
* Reservations will only be accepted by sending the Registration Form via fax or e-mail but in any case by phone.
* Reservations will not be accepted without filling all information required, accepting the Conditions and Cancellation Policy, and provide a valid Credit Card details for charges.
* Please be informed that after 30th April any reservation request will be subject to availability of the hotel.
 |
| □ I have read and accept the Booking Conditions and Cancellation Policies detailed above. |
| Signature: |  |

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| **Special Requirements**  |
| *Please indicate below any special requirements you may have:* |
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| **Credit Card Information** |
| *In order* ***to guarantee*** *your reservation, please supply your credit card details:* |
| Card Type | □ Visa □ MasterCard □ Amex □ Diners Club |
| Cardholder’s Name |  |
| Credit Card Number |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Expiry Date |  |

**Please note**: Rooms are held on a guaranteed basis only and you are required to supply credit card details in order to secure your reservation. If you wish to change or cancel your reservation, please contact the Hotel The Gates Diagonal Reservations Dept. directly to avoid cancellation charges. Please check for details of Booking conditions and Cancellation Policies on first page of this form.

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| □ I authorize Hotel The Gates Diagonal Barcelona to charge on my Credit Card provided above any charges applicable according to hotel Booking Conditions and Cancellation Policies. |
| Signature |  |
| Date |  |

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| **PLEASE E-MAIL BACK TO THE ATTENTION OF RESERVATIONS DEPARTMENT AT** natalia.salvado@gateshotelbarcelona.com |