

QUALIFIED GUARANTEE FORM

** Required Information

Guest Information

TITLE	e.g. Mr. / Mrs. / Dr. / Ms. / Miss.
FIRST NAME **	
LAST NAME **	
PHONE **	
E-MAIL **	

Hotel Reservation Information

CONFIRMATION NUMBER **	
HOTEL NAME **	
CHECK-IN DATE **	e.g. 04/28/2016
CHECK-OUT DATE **	e.g. 08/30/2017
CURRENCY **	e.g. Euro / U.S.D. / T.R.Y.

Comparison Rate Information

LOWER RATE FOUND/RESERVED **	
CURRENCY **	e.g. Euro / U.S.D. / T.R.Y.
WHERE DID YOU FIND? **	Please put "X" to the best option.

<input type="checkbox"/>	A website other than our hotel web site
<i>State the web address:</i> e.g. http://www.otaweb site.com/	
<input type="checkbox"/>	Other
<i>State whatever it is:</i>	

CONFIRMATION NUMBER **	
COMMENT	