



**RESERVATION FORM**

Quality Leadership University –Congreso de Estudiantes

Dates: April 19 – 23, 2016

Block code: **R19**

**Room Special Rates for Group:**

**Deluxe Accommodation**

**Single Occupancy** **USD\$72.00**  
**Double Occupancy** **USD\$84.00**

**Room Rate includes:**

- Breakfast Buffet in the Canal View Restaurant
- Wireless Internet
- Occupancy tax

The Hotel will be applying \$ 2.00 USD per night, per room for Housekeeping.

Rates per room, per night in USD. Please note that **check-in** is possible as of **3:00 p.m.** and **check-out** is required by **12:00 hrs noon**. Arrange directly with the Hotel should your requirements differ.

Quality Leadership University –Congreso de Estudiantes has secured accommodation on your behalf. This rate will be available until **February 28th; 2016**.

Furthermore, on **February 28th; 2016**, all rooms and rates will be subject to the hotel's room and rates availability at the moment of request. Hotel will honor the rate for those guests who arrive 3 days prior the meeting and stays 3 days before de period established for the meeting.

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**How to Book:**

Complete this hotel booking form and send it by fax to our Reservations Department by email to [groups@bernhotelspanama.com](mailto:groups@bernhotelspanama.com) / [rgrisolia@bernhotelspanama.com](mailto:rgrisolia@bernhotelspanama.com) If you have any question please contact our reservations department at (507) 340-9858 (Monday – Friday: 8:00a.m – 5:00p.m / Saturday: 8:00a.m – 12:00p.m).

**How to pay & guarantee your accommodation:**

All nights will be charged at the moment the reservation is requested. Guest must complete credit card information. Changes, modifications or cancellations (including anticipated departures or late arrivals) will be allowed until **March 19th; 2016**. With a penalty charge equivalent to one night plus night, after this date or once the client has checked in, 100% of the original booking will be charged, plus any other additional dates in the event of early arrivals or extended departures.

**PLEASE FILL IN THE FOLLOWING INFORMATION:**

First Name: \_\_\_\_\_  
Last Name: \_\_\_\_\_

Accompanying person: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_  
Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Deluxe Single  Deluxe Double  Suite  Master S

Arrival Date: \_\_\_\_\_ Departure Date: \_\_\_\_\_

Type of Credit Card: **Mastercard**  **a**  **mex**

Card Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Name shown on card: \_\_\_\_\_

Priority Club Rewards No: N° \_\_\_\_\_

**Declaration of Consent:**

I understand and accept the cancellation clause explained above and authorize the Hotel to charge my credit card if I may incur in penalty.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_