

REGISTRATION FORM

FIESTA AMERICANA GRAND CORAL BEACH CANCUN RESORT & SPA

IEEE 2015

December 12th - 16th, 2015

| FIRST NAME: | : | LAST NAME: | |
|--|---|---|--|
| COMPANY: | | | |
| ADDRESS: | | | |
| | | CITY/ COUNTRY: | |
| OFFICE TELE | EPHONE NUMBER: | FAX NUMBER: | |
| HOME TELEPHONE NUMBER: | | EMAIL ADDRESS: | |
| | | | |
| ARRIVAL DA | TE: | TOTAL ROOM NIGHTS: | |
| DEPARTURE | | TOTAL ROOMS: | |
| NUMBER OF | PERSONS: | | |
| *Total guests p | per room is 2 adults and 2 children under 12 years old. | | |
| | Jr Suite Single Occupancy | \$209.00 USD + TAX PER PERSON PER NIGHT | |
| | Jr Suite Double Occupancy | \$116.00 USD + TAX PER PERSON PER NIGHT | |
| DOOM TVDE. | : (check an "x" for preference) | | |
| Single Room (1 | | Smoking | |
| - | (1 bed/2 guests) | Non Smoking | |
| | (2 bed/2 guests) | | |
| * The type of r | oom and preferences will be subject to availability. | | |
| This informatio | on is very important in order to assign the rooms one night prior to | o arrival. | |
| | | | |
| | Hotel Fiesta Americana Grand Coral Beach to charge to my creditation or no showto the following credit card | it card 2 night plus taxes per room in | |
| FORM OF PA | YMENT TO GUARANTEE ROOM: | Visa | |
| | | American Express Security code | |
| | | Master Card Bank Transfer | |
| NAME OF CA | ARDHOLDER: | | |
| CREDIT CAR | D NUMBER: | EXPIRATION DATE: | |
| BANK NAME: | | DATE OF ISSUE: | |
| | · | | |
| Credit card she | ould be presented at check in time to set up the entire stay | | |
| | | | |
| Cancelation Po | <u>licies:</u> | | |
| No charge to changes or cancellations made up to 7 days prior to schedule arrival, | | | |
| | Cancellations within seven (7) days prior the schedule arrival date v | will be charged for | |
| N1 D-1:- | 2 room nights rate plus applicable taxes | | |
| No shows Polic | | cable taxes and service charges will be applied to the credit card provided | |
| Policies to Gua | rantee your Reservation: | | |
| | This registration form authorizes us to charge to the credit card men | ntioned in this document | |
| | two nights plus applicable taxes, in case of cancellation or no show | , | |
| GLONIA TONIO | n. | | |
| SIGNATURE NAME: | ւ <u> </u> | Fiesta Americana Grand Coral Beach | |
| NAME: DATE: | | Reservations' Department Call free from USA 1 888 8309008 | |
| DAIE. | | Email: res2facb@posadas.com | |
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For any additional information about SPA, Restaurants, Transportation, Tours, Tennis, Golf, Water Sports, Amenities for a special occasion, etc. please contact our "Concierge Desk" who will be more than glad to assist you at: conciergefacb@posadas.com.

On behalf of Grand Fiesta Americana Coral Beach we thank you for choosing us as your travel destination and want to remind you that our check in time starts at 3:00pm and check out is at 12:00pm.

Should you need any further assistance, please do not hesitate to contact us and we will be glad to help you.