IBIS LONDON EARLS COURT

	Е	Block Co	de : BSI	DES16-	Α		
47 Lillie Road Fulham				E-mail:	h5623-re8@accor.com		
London SW6 1UD				Fax: Tel:	(0044) (0)207381 4450 (0044) (0)207 610 0880		
		CON	TACT DET	AILS			
GUEST	First Name:			Last Name:			
ADDRESS							
Male () Female ()	POSTCODE			CITY			
TEL:	FAX:			E-mail:			
		HOTEL A	ACCOMMO	DATION			
Rate	: £115/Sing	gle & £125/	Double (Ra	ate inc Eng	lish Breakf	ast)	
GUEST NAM	E	ROOM	ADDIV/A	I DATE	NB OF		-
		TYPE	ARRIVAL DATE		NIGHT	TOTAL COST	_
							_
							_
* Detec susted are no		nialetie elue	: of A		Full Facility	b Decelerat VAT and	_
 Rates quoted are pe Service. 	er room per	night inclus	ive of Acco	mmodation	, Full Englisi	n Breakiast, VAT and	
	CREDIT /	DEBIT CAR	RD GUARA	NTEE (MAI	NDATORY)		
Credit Card No.				Expiry Date:			
Name On Card:			Issue No. (Switch)				
Billing address (if dif	ferent from	n above):					
Guest will be require	s to settle	their own a	ccount dir	ectly with	the hotel up	oon arrival/departure	,
I authorise for any no s	show/late ca	ancellation f	fees to be c	harged as	stipulated in	your booking	
SIGNED				DATE:			
Terms & Conditions All reservations reques be confirmed by return Cancellation without pe amended after this tim Rates are guaranted u available rate.	of fax or e- enalty apply e will be ch	mail. All res only up to arged in full	servations r 24hours pri l.	nust be gua or to arriva	aranteed by I, any reserv	a valid credit card. vations cancelled or	
		НОТ	TEL USE O	NLY			
CONFIRMATION				DATE:			_
NAME:		ROOM TY	PE:		RESERVA	TION NO:	_
							_
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