



Blvd. Kukulcán Km. 9 lote 9 y 9a
Zona Hotelera, Cancun Quintana Roo
C.P. 77500

Please send the form to:
gruposcancun@krystal-hotels.com
Tel: 52 + (998) 848-9800 Ext. 803/835

*** Rates per ROOM per NIGHT**
* Taxes (16% IVA + 3% ISH) and tips not included

Check in: 3:00 PM
Check out: 12:00 PM

POLICIES

If you don't arrive in the indicated date, we will consider a "NO SHOW" and we are going to apply a penalty of 2 complete nights with taxes and services included.

If guest leaves before the scheduled check out date, we will consider an "Early departure". A penalty will be charged for the room including taxes

Changes and cancellations without penalty up to 72 hours before check-in; after that date any requirement will be subject to availability. Changes and cancellations after the deadline will be a penalty charge of 2 nights including taxes.

MSWiM 2015-NOVEMBER 2015
RESERVATION FORM
NOVEMBER 02-06, 2015

Group Code: MSWiM 2015

Confirmation Number:

Last Name/Name: _____

Last Name/Name: _____

Company: _____

City: _____ State: _____ Country: _____

Rates: BREAKFAST (only) ALL INCLUSIVE

Occupancy: Single Double Triple

Total Nights: _____

To receive your confirmation, please write your email adress.

e-mail: _____

Group special rates available from november 02-06, 2015 and subject to availability *
ALL INCLUSIVE
USD 160.00 Single Occupancy USD 218.00 Double Occupancy USD 303.00 Triple Occupancy
Including BREAKFAST (only)
USD 127.00 Single Occupancy USD 150.00 Double Occupancy USD 200.00 Triple Occupancy

Arrival Day: _____ Departure Day: _____

To validate your reservation, we need a valid credit card or a bank transfer.

PAYMENT METHODS

() Credit Card

() AMEX () MASTER CARD () VISA

I authorize to Krystal Cancun to charge in my credit/debit card _____ nights plus the applicable taxes and services at the reservation moment (19% = 16% IVA + 3% ISH)

Card owner: _____

Credit Card Number: _____ Expiration: _____

CVV: _____ (Card Verfiication Value - on the back of card)

Also kindly we request attach to this form the following documentation:

- Copy of credit card both sides, signed by the owner authorizing the letter,
- Personal official identification signed by the cardholder or person authorizing office.

() Bank Transfer (Note that a deposit for 2 nights in advance is required for booking a room)

Bank Transfer USA & Canada

HOTELERA CHICOME SA DE CV
BANK: BANK OF AMERICA N.A.
ACCOUNT#: 002662370328

ABA#: 0260-0959-3

SWIFT#: BOFAUS3N

ABA#: 0260-0959-3

SWIFT#: BOFAUS3N

Adress: 2606 Stanford St. Suite 1 Houston TX. 77006

SIGNATURE _____