

TO : NOVOTEL MADRID PUENTE DE LA PAZ – RESERVATIONS DPT.

MAIL: H0843-RE@accor.com

Teléfono . 91 724 76 00

REF.: GRUPO ORTO MEDICAL CARE 2018

Por favor complete los detalles de su reserva :

NOMBRE Y APELLIDOS : _____

TELEFONO DE CONTACTO : _____

FECHA DE LLEGADA : _____

FECHA DE SALIDA : _____

TARJETA DE CREDITO PARA GARANTIZAR SU RESERVA

NUMERO : _____ FECHA DE _CADUCIDAD : _____

PRECIO ALOJAMEINTO Y DESAYUNO DOBLE USO INDIVIDUAL 140.00 €

PRECIO ALOJAMEINTO Y DESAYUNO DOBLE USO DOBLE 150.00 €

COMENTARIOS : _____

Muchas gracias
Dpto Reservas . Novotel Madrid Puente de la Paz

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