



MERCURE CENTRE HOTEL ABU DHABI

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HOTEL RESERVATION FORM

Name: _____ First name: _____
Company: _____
Address: _____
Country: _____ E-mail: _____
Phone: _____ Fax: _____

Arrival Date: _____ Departure Date: _____ Number of nights _____

D E P O S I T / G U A R A N T E E

- American Express Diners Euro Card / MasterCard Visa

Card number: _____ Expires on _____

Card holder's name: _____

Card holder's address: _____

Date: _____ Card holder's signature _____