MARCO POLO
ORTIGAS, MANILA
马尼拉奥迪加斯马哥孛罗酒店

Reservation Form

Name of Guest	Mr./Ms.				
Designation					
Email Address					
Company					
Check-in Date					
Check-Out Date					
Room Type *(Please check)* *(Subject to availability)*		Superior		Others, please specify: _____	
		Deluxe			
Bed Preference Request *(Please check)* *(Subject to availability)*		1 King Bed			
		2 Double Beds			
No. of persons	Single / Double occupancy				
Billing Instructions *(Please check)*		Personal Account of the guest			
		Charged to Company			
	Items to charge to company (*room, all charges, etc.*)				
		All charges			
		Room and breakfast			
		Room, breakfast and airport transfers			
		Others, please specify:			
Arrival flight no./ETA			*Airport transfer required*		
Departure flight no./ETD			*Airport transfer required*		
Remarks/Other requests					
For Room Guarantee					
Credit card number					
Expiry Date					
Cardholders Name					

booking from Philippine Psychiatric Association group
Please forward the accomplished form to:
resv.mnl@marcopolohotels.com and eden.deleon@marcopolohotels.com