

**ACCOMMODATION BOOKING FORM**

Please complete and return this form to **fedebadgt@gmail.com****,** **gt.tecnica2023@gmail.com** no later than **23rd May 2023**.

Any booking after this date will be subjected to room availability and higher rates.

|  |  |
| --- | --- |
| **Name of Member Association:**  |  |
| **Contact Person:**  |  |
| **PHONE NUMBER:**  |  | **MOBILE NUMBER:**  |  |
| **FAX NUMBER:**  |  | **E-MAIL:**  |  |

|  |  |
| --- | --- |
| **Official Hotel** | **Room Rates** |
| **Hotel Conquistador** Address: Vía 5 4-68 zona 4, Guatemala City Website: www.hotelconquistador.com.gt | Single room standard with breakfast: **USD 71.50**Twin room standard with breakfast: **USD 94.20** Triple room standard with breakfast: **USD 123.00**Note: Rates quoted are per room per night. Includes gym, Wi-Fi and pool access.  |
| Check-in Time: 3pm / Check out Time: 12 hours’ noon.Breakfast time - 6:30am to 10:30am***Terms & Conditions:***1. Early check-in or any late check-out may be requested and is subject to room availability.
2. For late check-out: between 12:00 – 18:00 hrs are 50% of the room charge. After 18:00 hrs are one (01) night room charge.
3. Any early departure or amendment of dates after check-in shall be subject to 100% cancellation fee.
4. Airport transfer and daily shuttle service (to and from official hotel and tournament venue) will be made available.

***Cancellation policy:**** Groups must be cancelled 15 days before the arrival of the group.
* In high occupancy season, it will be RACK rate and must prepay their rooms, THERE WILL BE NO REFUNDS.
* NO SHOWS: In case your guest or group does not show up on the date of your reservation, the first night of lodging will be charged.

***Guarantee:***All reservations must be duly guaranteed through a credit card. We request a list of passengers 8 days before the arrival of your guests.***Conctact Person:*** Ms. Odalis MonzonConquistador Hotel Room ExecutiveTelephone: +502 24244444 ext. 2112E-Mail: **ventashabitaciones@hotelconquistador.gt*****Payment Details:***For more details of payment contact Ms. Odalis Monzon. Form attached to pay with credit card. |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| No. |  | Type of room(Single /Twin) | Name | Check-in Date | Check-out Date |
| 1 |  |  |  |  |  |
|  |  |
| 2 |  |  |  |  |  |
|  |  |
| 3 |  |  |  |  |  |
|  |  |
| 4 |  |  |  |  |  |
|  |  |
| 5 |  |  |  |  |  |
|  |  |
| 6 |  |  |  |  |  |
|  |  |
| 7 |  |  |  |  |  |
|  |  |
| 8 |  |  |  |  |  |
|  |  |
| 9 |  |  |  |  |  |
|  |  |
| 10 |  |  |  |  |  |
|  |  |
| 11 |  |  |  |  |  |
|  |  |
| 12 |  |  |  |  |  |
|  |  |
| 13 |  |  |  |  |  |
|  |  |
| 14 |  |  |  |  |  |
|  |  |
| 15 |  |  |  |  |  |
|  |  |
| 16 |  |  |  |  |  |
|  |  |
| 17 |  |  |  |  |  |
|  |  |
| 18 |  |  |  |  |  |
|  |  |
| 19 |  |  |  |  |  |
|  |  |
| 20 |  |  |  |  |  |
|  |  |
| 21 |  |  |  |  |  |
|  |  |
| 22 |  |  |  |  |  |
|  |  |
| 23 |  |  |  |  |  |
|  |  |
| 24 |  |  |  |  |  |
|  |  |
| 25 |  |  |  |  |  |
|  |  |
| 26 |  |  |  |  |  |
|  |  |
| 27 |  |  |  |  |  |
|  |  |
| 28 |  |  |  |  |  |
|  |  |
| 29 |  |  |  |  |  |
|  |  |
| 30 |  |  |  |  |  |
|  |  |