PORT PALACE
MONTE-CARLO

7 Avenue John F. Kennedy
MC 98000 Monaco
TEL : +377 97 97 9000

GRAND PRIX 2008
22nd -26th May 2008
Port Palace, Monte Carlo

HOTEL RESERVATION FORM

Please complete this form and fax it directly to:
Reservation Department
Port Palace , Fax: + 377 97 97 90 08

Surname ..... **First Name** .....

Company.....

Address .....

City ..... Country.....

Tel ..... Fax.....

From May 22nd to 26th 2008 – 4 nights minimum stay (single or double occupancy):

Superior harbour view rooms SOLD OUT	**Deluxe harbour View rooms** at 12500.00 € for the 4 nights These rooms are located on the 2nd, 3rd, 4th and 5th floor of the hotel - Bathroom is equipped with bath/Jacuzzi and separated shower. Twins available only in this category. Pre and Post night rate 540.00€
Grand Suite Harbour View at 17500.00 € for the 4 nights These rooms are located on the corner of the hotel on the 1st, 2nd, 3rd, 4th and 5th floor – Bathroom is equipped with bath/Jacuzzi and separated shower. Pre and Post night rate 760.00€	**Executive Suite Harbour View** at 17500.00 € for the 4 nights These rooms are located on the corner of the hotel on the 2nd, 3rd, 4th and 5th floor – Bathroom is equipped with bath/Jacuzzi and separated shower. Pre and Post night rate 1600.00€

Continental Buffet Breakfast is included Check- in 15.00 / Check- out 12.00
The above rates are taxes and service included

Date of arrival ..... Date of departure.....

Payment & Cancellation Conditions

In order to proceed to the reservation, please duly complete this form.
We will require the 1st deposit of 50% at reservation.
The 2nd deposit of 50% will be required by January 1st 2008

Please complete the following:

I, the undersigned ……..……. authorize Port Palace to debit my credit card the amount of …….. as a guarantee:

Credit card: ☐ Visa ☐ Mastercard ☐ American Express ☐ Eurocard ☐ Diners ☐ Other……

Credit card number __/__/__/__/ __/__/__/__/ __/__/__/__/ __/__/__/__/ Expiry date ___ __/__ __ Sec___

Card holders' Name……Signature……

- In case of cancellation between reservation and January 1st 2008, the deposit will be refunded
- In case of cancellation between January 2nd and the arrival date, the deposit will remain the hotel property.

Confirmation Number .....
Confirmed by .....
Date .....

Please complete and fax this form to The reservation department at Port Palace,
Fax: + 377 97 97 90 08 / Email: reservation@portpalace.com