



Reservation request - ACAMS Conference - October 2018

Please complete and return this form to [reservas@dazzlermontevideo.com](mailto:reservas@dazzlermontevideo.com)

**GUEST INFORMATION**

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Name and last name: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Check in: \_\_\_\_\_ Check Out: \_\_\_\_\_  Double  Twin

**CARD HOLDER'S INFORMATION**

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Family Name: \_\_\_\_\_ First Name: \_\_\_\_\_

**CREDIT CARD INFORMATION**

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Credit Card, Please mark:  Visa  Mastercard  American Express

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_ / \_\_\_ Security Code: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_