



Request Reservation and No show Authorization

All fields must be filled out; otherwise the reservation cannot be completed.

Group Name: AASSA Group

Contact Number: _____

Email: _____

Guest Name: _____

(surname/first name)

Check In Date: _____ **Check Out Date:** _____
(mm/dd/yr) (mm/dd/yr)

Adults per Room: _____

*(maximum 02 adults per room)

Room Type: Superior Room

Room Rate: Special Rate for events at Novotel São Paulo Morumbi including breakfast at 365 Restaurant. Single: R\$335,00 or Double: R\$379,00

Payment Method: Directly by the guest at check out time

No show Guarantee: I, _____ authorize the no show guarantee in my credit card regarding the reservation as request above.

No show guaranteed will be charged the first daily rate of each reservation in case of no-show or cancellation after the deadline.

Authorize the charge of: () only no-show guarantee

Credit Card information

- American Express** _____
- Visa** _____
- Master Card** _____
- Dinners Club** _____

Date of expiration: ____ / ____ **Security Code:** _____

Additional Information:

- **Booking request must be sent in attention to: Reservation Department**
reservasnovotelspmorumbi@accor.com.br
- **Room Availability 45 days before the arrival date are subject availability and changes without prior notice**
- **Check-in time:** 12:00h
- **Check-out time:** 12:00h
- **Method of payment accepted at the hotel:** Cash or credit card. Please note that payments are not accepted in checks.
- **Cancelation Policy:** You may cancel your reservation up to 15 days before arrival date. Please note that we will assess a fee of first night with taxes if you must cancel after this deadline.

Name (Print)

Signature (as in credit card)

Please send us a readable copy (FRONT AND BACK) of your credit and of the creditcard holder's identity.

Rua Ministro Nelson Hungria, 450
Morumbi – São Paulo
Fone : 55 xx 11 3787.3400

E-mail : novotelmorumbi@accorhotels.com.br