



**HOTEL BOOKING FORM**  
**Dispute Resolution Board Foundation**  
**(11-16.05.2010)**

**THE MARMARA TAKSİM**  
Fax:+90 212 293 93 75  
e-mail adres: [takbas@themarmarahotels.com](mailto:takbas@themarmarahotels.com)  
[www.themarmarahotels.com](http://www.themarmarahotels.com)

NAME : \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ PROV/STATE \_\_\_\_\_

ZIP/POSTAL CODE: \_\_\_\_\_ COUNTRY: \_\_\_\_\_

PHONE NO(with area code) \_\_\_\_\_ FAX: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

(note:This information will be used to mail or fax an acknowledgement of your reservation)

SENT CONFIRMATION BY: FAX E-MAIL:

PASSPORT NUMBER: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

**PLEASE RESERVE:**

- |  |  |
|--|--|
| <input type="checkbox"/> Single Room(city view)        | EURO 175.00 /per night(included breakfast and tax) |
| <input type="checkbox"/> Double Room(city view)        | EURO 195.00/ per night(included breakfast and tax) |
| <input type="checkbox"/> Single Room(GoldenHorn view)  | EURO 195.00 /per night(included breakfast and tax) |
| <input type="checkbox"/> Double Room(Golden Horn view) | EURO 215.00/ per night(included breakfast and tax) |
| <input type="checkbox"/> Single Room(Bosphorous view)  | EURO 225.00/ per night(included breakfast and tax) |
| <input type="checkbox"/> Double Room(Bosphorous view)  | EURO 245.00/ per night(included breakfast and tax) |

**CANCELLATION POLICY:**

- 1.% 35 of rooms may be cancelled at no charge within 139-110 days of arrival.
- 2.% 30 of rooms may be cancelled at no charge within 109-90 days of arrival.
- 3.% 25 of rooms may be cancelled at no charge within 89-60 days of arrival.
- 4.% 15 of rooms may be cancelled at no charge within 59-30 days of arrival.
- 5.% 10 of rooms may be cancelled at no charge within 29-15 days of arrival.
- 6.% 5 of rooms may be cancelled at no charge within 14-7 days of arrival.

ARRIVAL DATE: \_\_\_\_\_

DEPARTURE DATE: \_\_\_\_\_

STAYING A TOTAL OF \_\_\_\_\_ NIGHTS.

TYPE AND CREDIT CARD NUMBER: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_

CARD HOLDER'S NAME: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**COMPLETE THIS FORM AND SEND IT DIRECTLY TO THE HOTEL BEFORE 15.03.2010**

**The Marmara İstanbul**  
**Taksim Meydanı - Taksim**  
<http://www.themarmaraistanbul.com>  
[info@themarmaraistanbul.com](mailto:info@themarmaraistanbul.com)