**Booking Request**

 **Hotel Name: City:**

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| Guest Details (someone that represent passengers)  |
| Name:  |
| Check-in Date: | Check-out Date: | Night(s): |
| Type & Number of Room/Apt: Single: Double: Extra: Hotel Apt:  |
| Room Preferences: Smoking: Non- Smoking:  |
| Type Of Services: Room Only: Bed/Breakfast:   |
| Transfer to Airport:  Yes No  | Date of Arrival: flight no. & Airline:  |
| Date of Departure: flight no. & Airline:  |

|  |  |
| --- | --- |
| Name Of Passengers ( Mr. /Mrs. )  |  Date Of birth  |
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| Special Request **(**will be accommodated if possible)  |
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Remember:

Explain room specification and features.

Bed type and smoking preference are based on availability and are not guaranteed.

 BOZORGMEHR DONYA

 Tel: (+98) 21-88929272

 Iran\_travel@bozorgmehrdonya.com