

Çağlayan Mah. Fener Caddesi Olcay Alaylı İş Merkezi No: 42/202 Muratpaşa - ANTALYA Tel: +90 242 323 97 91 - Fax: +90 242 323 97 92 info@lidyatravel.com · www.lidyatravel.com

MAIL ORDER / CREDIT CARD AUTHORIZATION FORM ASKA LARA RESORT & SPA

Email : dmc@lidyatravel.com Phone 1: +90 (555) 599 91 99	Phone 2 : +90 (532) 500	0 81 33	
Mail: Lidya Kongre Turizm Ltd.S Caglayan Mahallesi Fener Congreta Muratpasa, ANTALYA, TR o	ti. addesi Olcay Alaylı Is Merk		
Cardholder's Name & Lastname	:		
Company Name (Formal Name)	:		
Issuing Bank of Credit Card	:		
Card Type (please select)	: VISA	Mastercard	
Card Number	:		
CVV/CVC2 Number	:		
Expiration Date	:		
TOTAL Payment Amount	:	GBP USD	
Please provide the following do (The following documents are requal. Photocopy / scan of the credit can 2. Photocopy / scan of the card own	uired to complete the trand (front and back)	·	
	indicated above, in conjur	e been given above. I agree for the credit card t nction with the specific bookings which have th	
confirmation numbers stated above	,		

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HOTEL RESERVATION FORM / REGISTRATION CARD ASKA LARA RESORT & SPA

Title	Mrs. Mr.			
Surname	:			
First Name	:			
Passport/ID	Number :		Date of Birth :	
Nationality	:			
Adress	:			_
City	:	Country :	Postcode :	_
Telephone1	:	Mobile Phone :	Email :	_
Check-in Da	te://	Check-out Date:/_	/Total Nights :	
Single Roon	n Per	Night £ 70 (All Inclusive)		
Double Roo	m Per	Night £ 85 (All Inclusive)		
Triple Room	n Per	Night £ 115 (All Inclusive)		
•	ars old first child will be		with 1 double room or 1 single room. double room or 1 single room.	,
*** If you w	vould like to have AIRP	ORT PICKUP please contact	Lidya Travel by e-mail for special prices.	
ACCOMPAN	IY – Anyone else stayin	g with you, please write do	wn their details below.	
Surname	:	Name :	Date of Birth:	_
Surname	:	Name :	Date of Birth:	_
Surname	:	Name :	Date of Birth:	_
Surname	:	Name :	Date of Birth:	_
The time for o	check-in to the Hotel is 14:0	00 o'clock and check-out at 12:00	o'clock. For late check-out, please contact with Lidya	Travel
Date:		Name, Lastname :		
		Signature	:	

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