

Best Price Guarantee Form

DATE: _____

GUEST DETAILS:

NAME: _____

ADDRESS: _____

CITY: _____ POSTAL CODE: _____

COUNTRY: _____

TELEPHONE #: _____ FAX #: _____

EMAIL ADDRESS: _____

PREFERRED CONTACT METHOD: ☐ TELEPHONE ☐ EMAIL ☐ FAX ☐ MAIL

CLUB CARLSON MEMBER NUMBER (IF APPLICABLE) _____

HOTEL RESERVATION INFORMATION:

HOTEL: _____

ADDRESS: _____

CITY: _____ COUNTRY: _____

ARRIVAL DATE: _____ DEPARTURE DATE: _____

CONFIRMED RATE: _____ CONFIRMATION #: _____

THIRD PARTY RATE QUOTED: _____ FAX #: _____

WEBSITE URL: _____

SUPPORTING DOCUMENT SUBMITTED: _____

COMMENTS: _____

INSTRUCTIONS:

1. DOWNLOAD AND FULLY COMPLETE THE BEST PRICE GUARANTEE FORM.
2. FAX THE COMPLETED FORM AND PRINTED SCREENSHOT SUBSTANTIATING YOUR CLAIM (SEE TERMS & CONDITIONS FOR MORE DETAILS) TO +353 1 706 0225 WITHIN 24 HOURS OF MAKING YOUR RESERVATION ON WWW.RADISSONBLU.COM OR WWW.PARKINN.COM. YOU CAN ALSO EMAIL THE COMPLETED FORM TO BPG@CARLSONREZIDOR.COM.
3. WE WILL RESPOND WITHIN 72 HOURS ON THE STATUS ON YOUR CLAIM. IF YOU HAVE NOT HAD A RESPONSE WITHIN THIS TIMEFRAME PLEASE EMAIL BPG@CARLSONREZIDOR.COM.
4. A COMPLETED CLAIM FORM MUST BE SUBMITTED WITHIN 24 HOURS OF THE BOOKING AND AT LEAST 48 HOURS PRIOR TO MIDNIGHT (12.01AM) LOCAL TIME OF THE HOTEL ARRIVAL DATE TO BE ELIGIBLE.