

Columbia Towers Hotel

Vancouver, B. C.

Room number:

Last name: _____

First name(s): _____

Home address

Street: _____

City: _____

Zip code: _____

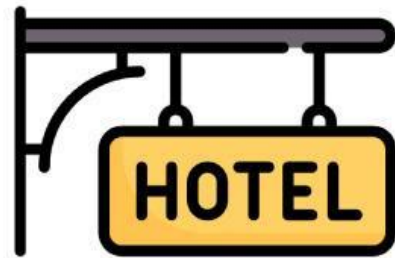
Nationality: _____

Passport number: _____

Car license number: _____

Date of arrival: ____ / ____ / ____

Date of departure: ____ / ____ / ____



Method of payment:

- | | | |
|---|-------------------------------------|-------------------------------|
| <input type="checkbox"/> American Express | <input type="checkbox"/> Mastercard | <input type="checkbox"/> Visa |
| <input type="checkbox"/> By check | <input type="checkbox"/> Cash | |

Signature: _____

Date: ____ / ____ / ____

