

It is very important for us to discover your personal choices,  
Please help us to determine your individual preferences by filling out this form.

We Would Love to help you create a vacation experience, you will never forget

Hotel Name:

TA Unite Agency member making the reservation:

Name of the agent making the reservation:

Guest Name Reservation:

**Travelling with:**

Full Name 1

Child's Full name 1  Age:

Child's Full Name 2  Age:

## ARRIVAL AND TRANSPORTATION INFORMATION

Arrival Date

Departure Date

**My Flight Details:**

Airport Arrival Time

Airline & Flight No.

Airport Dept. Time:

Airline & Flight No:

## ACCOMODATION PREFERENCES

Bedding: King ☐ Double Beds ☐ Crib ☐ Extra bed ☐  
Extra Pillow ☐ Hypo-allergenic Pillow ☐ Extra blanket ☐ Feather Pillow ☐

*\* Bed types are subject to availability*

## ADDITIONAL GUEST DETAILS

*\* All requests are subject to availability*

On behalf of Melia Hotels International team we thank you for taking time to share your preferences and needs for your future stay with us.