

Third Party Payment Authorisation

Please charge the following charges:

Accommodation Only	Rate: _____	<input type="checkbox"/>
Bed and Breakfast		<input type="checkbox"/>
Dinner, Bed and Breakfast		<input type="checkbox"/>
Meeting Room		<input checked="" type="checkbox"/>
Catering		<input checked="" type="checkbox"/>
Other Charges (Please Specify) _____		
<input type="checkbox"/>		

For Company/ Guest (Name) National Cancer Registry

Arrival Date 13/11/2017 Departure 15/11/2017

To the Following Credit Card: (VISA)

Card Number: 4142 6180 0153 4247

Expiry Date: 07/21 CCV No: 216

Name as printed on card: ROSE O' NATHONY

Billing Address: National Cancer Registry
Building 6800, Airport
Business Park, Kinsale Rd, Cork.

Telephone Number: 021-4318014

Currency Conversion – we will process transactions to the card above in your home currency where applicable. If you would prefer to have transactions processed to your card in Euro please tick here. ☒

I authorise you to charge the above outlined stay to my credit card as given above.

Signature of Cardholder: Rose O'Nathony Date: 14/11/17

**Please return this form completed in full by fax to +353 21 494 7501
or by email to reservations@corkairporthotel.com**