

CLAIM FORM FOR BEST AVAILABLE PUBLISHED RATE

Guest Information

First Name: _____ Middle Initial: _____

Last Name: _____

Telephone Number: _____

Email address (to be used solely to contact you about your claim):

Sorrento Hotel Confirmation Number:

Check In Date: _____

Check Out Date: _____

Rate reserved: \$ _____

Comparison Rate Information

Lower rate found or reserved: \$ _____

Where did you find the lower rate?

Internet web site other than the official hotel's website

Preferred Hotels website

Called hotel directly

Travel agency or travel management company

If you located the lower rate through a Sorrento reservations channel (telephone or own website) or through a travel agency or travel management company, you must reserve this lower rate and provide the following:

Second confirmation number: _____

Phone number for travel agency or travel management company:
