



## Luxor Las Vegas Best Rate Guarantee Fax Claim Form

Please complete all fields of the Best Rate Guarantee Claim Form. Incomplete forms may not be processed. Fax your completed form to 702-262-4825.

Date: \_\_\_\_\_

### Guest Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Country: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Players Club/One Club Card Number (if applicable): \_\_\_\_\_

### Reservation Information

Arrival Date: \_\_\_\_\_ Departure Date: \_\_\_\_\_

Confirmation Number: \_\_\_\_\_ Confirmed Rate: \_\_\_\_\_

Third Party Quoted Rate: \_\_\_\_\_

Third Party Location: \_\_\_\_\_

Proof Submitted: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_