



THE LISTER ARMS

Best Rate Guarantee Form

Date: _____

Guest Information: _____

Email Address: _____

Name: _____

Address: _____

City: _____

Post Code: _____

Telephone: _____ Fax: _____

Preferred Contact Method: _____

Hotel Reservation Information

Hotel: _____

Arrival Date: _____

Departure Date: _____

Confirmation Date: _____ Confirmation Number: _____

Quoted Third Party Rate: _____

Location of Quoted Rate: _____

Supporting Document Submitted: _____

Comments: _____

Instructions:

To submit a claim under the **Best Rate Guarantee**, please:

1. Download and complete this form within 24 hours of making your reservation.
2. Fax the completed form and screen shot or advertisement with the lower rate to **01254 267474**.

If you have any questions please email best.rate@shirehotels.com