



RESOURCE LIBRARY
HOTEL OPERATIONS
Rooms - Reservations

CODE: 03.01.021

EDITION: 1

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(Conference Name)
(Date) – (Date) – (City, Country)

HOTEL RESERVATION FORM

Please send this form to Reservations Department at the XYZ Hotel, before:

Thursday, April 5th, 2012 (Cut Off Date)

Fax number +xx (x) xxx xxxx

Or e-mail your reservation to: reservation@xyz-hotels.com

IMPORTANT: Please read the following information before completing this form:

- The special conference rate applies only for reservations made with this hotel reservation form.
- Reservations can only be confirmed with a credit card number with valid expiry date.
- Cancellations will result in a charge of 50% of the entire stay.
- The number of rooms held for conference participants is limited. After (Above cut off date), remaining rooms will be released and the conference rate will be subject to availability. **You are advised to book accommodation as early as possible.**

****Save this document to your computer before filling out****

Family name: _____ First name: _____

Organisation: _____

Position in Organisation: _____

Address: _____

Country: _____ E mail: _____

Telephone: _____ Fax: _____

Room Rates:

Standard Room: \$ 100.00 for single and \$ 115.00 for double

Superior Room: \$ 115.00 for single and \$ 125.00 for double

Club Room: \$ 140.00 for single and \$ 150.00 for double

The above room rates are in US dollar and are subject to 10% service charge and 8% sales tax, (any changes in taxes will be applied automatically)

Arrival date:	_____	Arrival time:	_____
Departure date:	_____	Departure Time:	_____
Smoking		Non Smoking	
Room Type	Superior <input type="checkbox"/> Business <input type="checkbox"/> Club <input type="checkbox"/>	Single/Double	Single <input type="checkbox"/> Double <input type="checkbox"/>
Airport Pickup	Yes <input type="checkbox"/> No <input type="checkbox"/>	Flight Details	

Airport pickup is chargeable at \$ 35.00 per trip

GUARANTEE:

Reservations can only be confirmed with a credit card number with valid expiry date.

VISA Master Card American Express Diners Club

Card number: _____ Valid until: _____

Card holders name: _____

Signature: _____ Date: _____

Booked By: _____ Date: _____