



Room Reservation Request Form

GUEST INFORMATION

Arrival date: Departure date: Number of nights:
Number of guests: Anticipated arrival time:

Guest name

Title: First name: Last name:
Address: Country:
E-mail: Tel:

COMPANY INFORMATION (if a company is making the reservation on behalf of the guest)

Company name: Address:
Contact person: Date:
Telephone: Fax: E-mail:

ROOM INFORMATION

Type of Room: One-bedroom Grand Suite Special request(s):
One-bedroom Suite
Studio suite
(All suites have one queen-size bed and are non-smoking)

PAYMENT INFORMATION

Charges to be paid by:

1) Guest - Own account 2) The company (direct bill) - Room & taxes only
Room, taxes, incidentals

Credit card information: A credit card is required to confirm/guarantee the reservation.

CC of the company Guest Card holder name:
Credit card number Credit card type, e.g. Visa:
Expiration date: Signature & name for approval:

For office use:

Rate per night (in US\$):
(Exclusive of 17% tax & service)

Date:
Confirmation #:

Remarks:

PLEASE FAX TO: +(297) 583-0444 For Availability & Confirmation *Thank you for your reservation!*
Reservations Are Confirmed When A Confirmation # Is Received