

## HOTEL BOOKING FORM

### Delegate's Details:

Name: \_\_\_\_\_  
 Company Name: \_\_\_\_\_  
 Tel: \_\_\_\_\_ Mob. \_\_\_\_\_  
 E-mail: \_\_\_\_\_  
 City: \_\_\_\_\_ Country: \_\_\_\_\_

### Flight Details:

Arrival Date & Time: \_\_\_\_\_  
 Arrival Flight Number \_\_\_\_\_  
 Departure Date & Time: \_\_\_\_\_  
 Departure Flight Number \_\_\_\_\_  
 Drop off time from hotel: \_\_\_\_\_

### THE RITZ – CARLTON DIFC ( The venue hotel)

Room Type	Room Rate (single / double)
Deluxe room	<input type="checkbox"/> AED 950 <input type="checkbox"/> AED 1050

- Inclusive of Buffet Breakfast & Wireless Internet .
- Subject to 10% municipality fee and 10% service charge
- Subject to AED 20 Tourism Dirham, charged per night, per room

### Transport & Welcoming Requests:

YES  NO

### Car Type:

- STANDARD CAR
- VIP CAR
- MINIVAN

### Booking Details:

Check-in date: \_\_\_\_\_ Check-in time: **16:00**  
 Check-Out date: \_\_\_\_\_ Check-Out time: **12:00 Noon**  
 Total Number of Nights: \_\_\_\_\_ Special requests: \_\_\_\_\_

### Reservation & Cancellation Policies:

- The special guest rates apply only for reservations made with this hotel form.
- To avoid cancellation charges, kindly advise us by 16:00 pm seventy two (72) hours prior to arrival. If reservation is cancelled after that time full nights cancellation fees will apply.
- Room bookings are on first come first served basis and will be subject to availability.
- For multiple delegates, please fill separate copies of this form, according to the number of people attending.

I authorize **the Hotel** to debit my credit card against my booking and as shown in my booking form and in case of cancellation, according to the cancellation Policies stated on the right and in case of no-show at the hotel on the arrival day. (Please provide us with a copy of your Credit card and your passport)

Credit card type:  Visa  MasterCard  
 Card number: \_\_\_\_\_  
 Date of expiry: \_\_\_\_\_ CCV (the last 3 number at signature base back of your card) \_\_\_\_\_  
 Card holder name: \_\_\_\_\_  
 Signature: \_\_\_\_\_

Kindly fill out this form and send it by email to Al Iktissad Wal Aamal, Operations Department.

**Contact Person:** Mr. Shadi Matar  
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