

JUMEIRA ROTANA HOTEL RESERVATION FORM		
Confirmation No. _____		
Guest Name: _____		Share: _____
Guest Name: _____		Share: _____
Arrival : _____ No. of Nights: _____ Flight/Time : _____ Dep. Day : _____ Flight/Time : _____	Type	No. of Rms Rates SGL <input type="checkbox"/> _____ DBL <input type="checkbox"/> _____ TWN <input type="checkbox"/> _____ CS <input type="checkbox"/> _____ SP <input type="checkbox"/> _____
Amendment From _____ To _____ Cancellation (No.....)		
Special Instruction: _____ _____		
Billing Instructions: _____ _____		
Cash <input type="checkbox"/> Credit Card <input type="checkbox"/> A/R <input type="checkbox"/> Other <input type="checkbox"/>		
Account No. _____		
Credit Card _____		
Credit Card No. _____		Expiry: _____
Visa Required: Yes <input type="checkbox"/> No <input type="checkbox"/>		
Airport Pickup: Yes <input type="checkbox"/> No <input type="checkbox"/>		
Booked By: _____		Tel No. _____
Com/T.A Name: _____		Fax No. _____
Reservation Taken by: _____ Date: _____		