

GROUP RESERVATION FORM

Please e-mail the completed form to Mr. Praveen Ashok Gandhi (res.villa@rotana.com)

PARTICIPANT'S PARTICULARS

(Event Name)

First Name (Mr/Ms):			
Surname			
Company		Country	
Tel No./Mobile		Fax No.	

HOTEL NAME:

Villa Rotana P.O.Box 118737 Dubai UAE	Tel No: +971 4 3216111 Fax No: +971 4 3125333
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FLIGHT DETAILS:

Arrival Date		Depart. Date	
Flight No		Flight No	
ETA		ETD	

HOTEL ACCOMMODATION Please select (x):

Check In Date		Check Out Date	
Check in Time		Check out Time	
Smoking		Non-Smoking	

<u>ROOM TYPE</u>	<u>Single</u>		<u>Double</u>	

Above Room Rates are subject to 10% Municipality Fee and 10% Service Charge, per Room per Night with Complimentary Buffet Breakfast at Moka Café

Traveling with Spouse?	
If yes, please indicate name	
Credit Card details to guarantee the room	

Cancellation Policy and No show:

This reservation has been guaranteed by the above mentioned credit card. In the event that you are unable to keep your reservation, please cancel at least 24 hrs prior to your arrival to avoid a one night accommodation charge. The one night charge will be applied to the credit card detailed above.

EXTRA:

- Check-in Time is 1400H. Check out time is 1200H.

Other Requirements	
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REQUIRE TRANSPORT? Please select (x):

Round Trip		Airport to Hotel		Hotel to Airport	
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- Airport to Hotel: @ DHS. 100.00 Per car per way.

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