



**INTERCONTINENTAL**  
MIRAMAR PANAMA

**RESERVATION FORM**  
CMT – Centre for Management Technology  
April 25 – 28, 2012

Room Special Rates for Group:

Room Type	Room Rate	Comments
Single	\$175.00	Per room, per night
Double	\$185.00	Per room, per night

Additional Person \$20.00

Rate includes buffet breakfast at Bay View Restaurant and wireless internet.

Gratuities / Services Charges

The Hotel will charge:

**Bellmen:** USD\$4.00 per person, round trip  
**Housekeeping:** USD\$2.00 per room, per day

Rates per room, per night and subject to 10% imposed tax. Please note that check-in is possible as of 3:00 p.m. and check-out is required by 12:00 hrs noon. Arrange directly with the Hotel should your requirements differ.

Please advise that every hotel in Panama is committed to provide a smoke-free environment to all of their guests and associates. Government policy enforces to prohibit smoking in guestrooms or hotel facilities; failure to comply with this legislation will result in a charge of two hundred US dollars (\$200USD) due to deep cleansing of premises. (Decree-Law 13 issued on January 24<sup>th</sup>, 2008 for the control of tobacco and its harmful effects on health, Republic of Panama).

How to Book:

Complete this hotel booking form and send it by fax to our Reservations Department of INTERCONTINENTAL MIRAMAR PANAMA to (507) 214-1002 or by email to groups@bernhotelspanama.com. If you have any question please contact our reservations department at (507) 206- 8880

How to pay & guarantee your accommodation:

In order to proceed with reservations, a credit card with expiration date is required. For changes or cancellations, please do so 72 hours prior to arrival, otherwise a night plus tax will be charged to your credit card.

**PLEASE FILL IN THE FOLLOWING INFORMATION:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Accompanying person: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Deluxe Single  Deluxe Double  Suite  Master Suite

Arrival Date: \_\_\_\_\_ Departure Date: \_\_\_\_\_

Type of Credit Card:

Mastercard

Visa

Amex

Diners

Card Number: \_\_\_\_\_

Expiry Date: \_\_\_\_\_

Name shown on card: \_\_\_\_\_

Card's holder billing address: \_\_\_\_\_

Priority Club No: \_\_\_\_\_

**Declaration of Consent:**

I understand and accept the cancellation clause explained above and authorize the Hotel to charge my credit card if I may incur in penalty.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_