

ACCOMMODATION REQUEST FORM

CENTRE FOR MANAGEMENT AND TECCHNOLOGY 2ND CASSAVA WORLD AFRICA GROUP

BOOKING REF. CODE CENTRE0216

(Guests must quote this code)

- NAME OF GUEST:
- ROOM:

Superior Room: Single Occupancy: \$310.00 / double occupancy \$350.00 **Luxury Room**: Single Occupancy: \$350.00 / double occupancy \$390.00 (Underline room and occupancy required)

- ARRIVAL DATE:
- DEPARTURE DATE:
- AIRPORT TRANSFER: Yes/No (Give flight details if YES)
- PAYMENT MODE: (We accept American Express, Visa, Master Cards, Bank Transfer or Cash)
- BOOKED BY:
- ✓ ATTACHED: Credit Card Authorisation Form and our USD Bank Account Details

PLEASE NOTE:

- 1. Should you wish to use a credit card to guarantee booking, please complete the attached credit card authorization form and return via email (<u>labadi@legacyhotels.com</u>) together with a copy of the front and back of the Credit Card and an ID of the card owner.
- 2. Should you wish to use a wire transfer to guarantee booking, we require the original deposit or EFT transaction slip to be emailed to the following email addresses: labadi@legacyhotels.com and or abrobbey@legacyhotels.com.



I,	, hereby authorize The Labadi Beach Hotel to debit, being the deposit required to guarantee reservation
I will be settling the account for the following O Room Only O Bed & Breakfast O Full Account O Pre Arrival Shopping Expenses O Other Billing Instructions	g services:
Mv Card Details are as follows: Card Type	:
Card Holder's Name	:
Card Holder's ID Number	:
Card Holder's Telephone Number	;
Card Holder's Business Address	:
Card Holder's Home Address	:
Card Account Number	:
CVC No. (last 3 digits on back of card)	:
Expiry Date	:
Authorized Signature	; <u> </u>
Once completed please return by fax to (+2 the signatory's ID.	233) 302 773100 together with a copy of the front & back of the credit card and