



BOOKING REQUEST FORM

Group Block: **1710CMTEVE**

Guest Name:

Thank you for choosing Radisson Blu Hotel,Lusaka.

In order to enhance your stay with us, we would ask you to complete this and return it to us in order to confirm your booking.

Arrival Date :

Departure Date:

**Airport transfers, (please tick (v) appropriate box and complete Airline details).**

Shuttle Transfer  Cost USD 35.00 pp one way (Please note that shuttle service is not private)

Please be aware that taxis are available from Kenneth Kaunda airport at USD 35.00 per taxi should your flight be delayed or outside the shuttle schedule timings. Private Transfers are also available on request.

Flight Details:

Arrival time:

Number of Pax:

**Room type preference**

Smoking  Non-smoking  Rollaway bed USD 55.00 per night

Double Occupancy (Additional \$30)

**Club Carlson Loyalty program**

Join  Silver member  Gold member  Concierge member

Club Carlson number .....

**Credit card details**

Please note we accept Visa, Amex and Master Card to guarantee your booking

Type of Credit card: \_\_\_\_\_

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

Expiry date on card: \_\_\_\_\_

Signature: \_\_\_\_\_



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Each meeting participant will be responsible for making his/her own hotel reservations by using this book form. The completed form must be completed/mailed to the following: [reservation.lusaka@radissonblu.com](mailto:reservation.lusaka@radissonblu.com); and copy [agatha.kapungwe@radissonblu.com](mailto:agatha.kapungwe@radissonblu.com) and [Robert.daka@radissonblu.com](mailto:Robert.daka@radissonblu.com)

The cut-off date for making hotel reservations is **Friday, 29<sup>th</sup> September 2017**

Breakfast and VAT is included in the room rate of \$200/night (USD). Breakfast is served in the main restaurant daily from 6:30-10:00 am.

Airport transfers can be booked on the booking form.

If you have any questions about the hotel, please contact .....