

INDIVIDUAL RESERVATION FORM

First Name : _____
 Last Name : _____
 Title : (Ms, Mr. Mrs.) _____
 Contact Address : _____
 City : _____ Country : _____
 Postal code / Zip code : _____ Email : _____
 Telephone : _____ Passport Number : _____
 Mobile : _____ Date of Birth : _____
 Fax : _____

GROUP/ CONFERENCE NAME: "12TH LPGtrade Summit" at The H Dubai, October 23-25 2017

Rates offered by hotel :

Check in: 22 Oct '17
Check Out: 24 Oct '17
(Rates are valid 3 days pre & 3 days post the dates of stay- ROOMS subject to AVAILABILITY)

Room Type	Room Rate/ Single Occupancy/ per Night	Inclusive
Deluxe	AED 800 Subject to 20% taxes per room per night (additional AED 100 for Double Occupancy)	Buffet Breakfast in Delphine Rest. & Wifi in guest room

Arrival date: _____ Arrival Flight details: _____

Departure date : _____ Departure Flight details: _____

Additional request : Smoking Non-smoking

PICK UP : Airport to Hotel transfer at AED 275 per car per way YES NO
 DROP OFF : Hotel to Airport transfer at AED 275 per car per way YES NO

Any Special request _____

Payment term: Room with breakfast, and *Tourism Dirham is ALL to Guest's account
*Tourism Dirham is AED 20 per bedroom per night;
Room Cancellation received less than 72 hrs prior to check in day is to be charged to the guest on full stay basis

Credit card number : _____
 Expiry date : _____
 Cardholder name : _____

Type of credit card : Visa MasterCard AMEX
 Diners Others _____

Terms and Conditions:

ANY BOOKING MADE AFTER 27 Sept will be SUBJECT TO ROOM & RATE AVAILABILITY

1. Our official check-in time is from 15:00 hours. All requests for early check-in are subject to availability.
2. Our official check-out time is 12:00 hours. All requests for late check-out are subject to availability.
3. All room incidentals will be to the delegates' accounts, to be settled upon check-out. A cash or credit card deposit will be asked from the delegates upon check-in.

Declaration:

I, _____, the undersigned hereby authorize The H Dubai to book the above accommodation in line with the above group conference.

Client signature : _____
 Client name : _____
 Date: _____

Kindly return scanned copy of this form to reservations@h-hotel.com