Centre for Management Technology Event - Nov 2007

18th to 21st November 2007 Park Hyatt Dubai Please fax or e mail completed form to: PARK HYATT DUBAI® Accommodation **Central Reservations Reservation Form** PO Box 5588, Dubai, United Arab Emirates 971 4 209 6661 Tel: Centre for Management Technology Event (18th - 21st Fax: 971 4 209 6662 November 2007) **Group Code: CMTE** E-mail: reservations.parkhyattdubai@hyattintl.com **BOOKING DETAILS:** First Name: Last Name (Mr/Mrs/Miss): Arrival Date: Flight: Time: Flight: Departure Date: Time: Name of additional guest per room (if applicable): **PERSONAL DETAILS:** Title: Company: Address: State/Country: Telephone: Email: Date of Issue: Date of Expiry: Passport No: Nationality: Place of Issue: PLEASE RESERVE: (Please tick the appropriate box) Park Room AED 1650 AFD 1800 Single ☐ Double Park Deluxe Room Single **AED 1850** Double **AED 2000** Smoking Non-smoking Preference: Remarks: Check-in time is 2.00pm, check-out time is 12.00pm * Above rates are quoted per room per night basis, subject to 10% service charge and 10% municipality tax * Buffet Breakfast at Café Arabesque is at an additional rate of AED 115 per person per day. TRANSPORTATION: * Standard Limousine at AED 120 net per way Limousine Transfer Required: MARHABA: Meet and assist service may be provided from the arrival hall to the customs: * Standard Marhaba at AED 75 net per person VISA APPLICATION: The visa can be arranged at: * AED 360 net per person, should all the required documents be submitted and confirmed by our Reservations Department less than 10 days prior to your arrival. The process takes approximately three working days, not including Thursday & Friday. * Transfer, assist and visa charges will be posted to your room account Please send me a visa application form. **RESERVATION GUARANTEE:** Reservations will be guaranteed upon completion of the following information. You must settle your hotel bill directly with the hotel upon departure. Credit Card details: Other Visa Diners Club American Express Mastercard Card Holder: Expiry Date: Card No: Signature: * a photocopy of the front and back of the credit card is required to process the booking **TERMS & CONDITIONS:** The following cancellation fees will apply: Any "no-show" on the specified date of arrival will result in charges of 100% of the room rate x full length of stay. In order to guarantee the above room category, please send us the completed form latest by 20 August 2007.

Hotel Confirmation Number (to be completed by Hotel upon confirmation of your reservation):

Fax number: