## HOTEL RESERVATION FORM

Hyatt Regency Casablanca Contact : Amouna Lahlou Groupe Id Code : TM33

## $Tel: 212.\ 522.\ 431216\ /\!/\!/\ Fax: 212.522.431230\ /\!/\!/\ E.mail: amouna.lahlou@hyatt.com$

The following information must be or Please make the following reservation		ur hotel reservation			
Full Name :		_Tel:			
Company:		Fax :			
Address:					
Post/Zip Code :		Country:			
Date of Arrival :		Deprture :			
Room required	Check Box	Room Rate quoted in Moroccan Dirham(Mad)			
Room	Single Rate	Double Rate			
Guest Room King	1800	1800			
Guest Room Twin	1800	1800			
Club King	3900	4300			
Club Twin	3900	4300			
Regency Junior Suite	4200	4600			
Regency Executive Suite	6200	6600			
Royal Suite	28000	28000			
<ul> <li>Buffet breakfast</li> <li>City tax</li> </ul> Late arrival Guarantee Yes() 1	260 Mad per person per day 49.50 Mad per person per night  Not ( ) Arrival time to be advised :				
		ust be vacated by 12.00am on the departure date.			
•		bility cannot be guaranteed after February 2 <sup>nd</sup> , 2010			
2006					
Rooms are allocated on a first-com	ne, first served basis.				
Should you need the airport pick-u	ıp, please advise your i	flight details :			
- By deluxe limousine	/_/	500 Mad per way organized by the hotel			
Please complete	the details below t	o guarantee your room reservation			
In case of no-show, the hotel will chareceived 96 hours prior to the planne		m rate. There will be no charge made for cancellations			
Credit card Number:		Expiry date:/			
Credit card name :	Carddholder Name :				
Signature :	Date:/				
Comments:					