



Sheraton
Abu Dhabi
HOTEL & RESORT

Centre for Management Technology Event
24th – 26th October 2010

Sheraton Abu Dhabi

GUEST INFORMATION

GUEST NAME: _____

ARRIVAL DATE: _____ (check in 15.00h)

Please advise if pre booking is required to ensure early check in.

DEPARTURE DATE: _____ (check out 12.00h)

APPROX. ARRIVAL TIME / FLIGHT DETAILS: _____

HOTEL ACCOMMODATION FOR DELEGATES

ROOM TYPE: CLASSIC ROOM

No. of Rooms _____

Single, AED 1000.00

- Above rate is subject to 06% municipality fee and 10% service charge
- Above rate is inclusive of breakfast IN Flavours restaurant

**** RATES QUOTED ABOVE WILL BE AVAILABLE UNTIL 30th SEPTEMBER 2010 RESERVATIONS MADE AFTER WILL BE SUBJECT TO THE BEST AVAILABLE RATE.**

CREDIT CARD INFORMATION

Credit Card #: _____ Expiration date: _____

Signature: _____ Telephone: _____

I understand that in making this request I am accepting
The responsibility for the charges for my hotel
Reservation and that I will not dispute the charges.

Signature

Date

KINDLY COMPLETE THE FORM AND EMAIL TO
Sheralyn.guttzeit@sheraton.com
Attention – HOTEL CONTACT