



GROUP/ CONFERENCE NAME: UITP
UITP : Contact person: Dure Shewar
 Tel : +9714 2905578/ Email: dure.shewar@uitp.org

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

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 : _____
 Name of Conference Organizer : _____
 Name and Date of Conference : _____

Rates offered by hotel :
Check in: 23 APRIL '18
Check Out: 26 APRIL '18
(ANY EXTENSION OF STAY IS SUBJECT TO RATE CHANGE)

Room Type	Room Rate/ Single Occupancy/ per Night	Inclusive
Deluxe	AED 750 NET – inclusive of 20% taxes/ per room per night (additional AED 100 for Double Occupancy)	Buffet Breakfast in Delphine Rest.

Arrival date: _____ Arrival Flight details: _____
 Departure date : _____ Departure Flight details: _____
 Additional request : Smoking Non-smoking
 Airport transfer at AED 300 per car per way
 Special request : _____

Payment term: Room with breakfast, taxes and *Tourism Dirham is ALL to Company's account
*Tourism Dirham is AED 20 per bedroom per night;
Room Cancellation received less than 24 hrs prior to check in day is to be charged to the guest at One(1) night stay
 Credit card number : _____
 Expiry date : _____
 Cardholder name : _____
 Type of credit card : Visa MasterCard AMEX
 Diners Others _____

Terms and Conditions:
DEADLINE FOR SUBMISSION OF THIS FORM: 1st March 2018

- Our official check-in time is from 15:00 hours. All requests for early check-in are subject to availability.
- Our official check-out time is 12:00 hours. All requests for late check-out are subject to availability.
- 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: _____