

RESERVATION FORM Collyer Consulting LLP April 2014

| | | | |
|-------------|--|----------|--|
| First Name: | | Surname: | |
| Company: | | Country: | |
| Tel No.: | | Fax No.: | |
| Email: | | Mobile: | |

HOTEL ACCOMMODATION:

| | |
|----------------|-----------------|
| Check-in Date: | Check-out Date: |
|----------------|-----------------|

| | |
|---------------|-------------|
| No of Nights: | No. of Pax: |
|---------------|-------------|

ROOM RATES:

| | | | |
|----------------------------------|---------------------------|---------------------------------------|---------------------------|
| Deluxe Single Room | AED. 700/- with Breakfast | Deluxe Double/Twin Room | AED. 770/- with Breakfast |
| <input type="checkbox"/> Smoking | | <input type="checkbox"/> Non- Smoking | |

Room Rates are in UAE Dirhams and Inclusive of 10% Municipality Fee and 10% Service Charge per room per night.

FLIGHT DETAILS:

| | |
|---------------|-----------------|
| Arrival Date: | Departure Date: |
| Flight No.: | Flight No.: |
| Arrival Time: | Departure Time: |

AIRPORT TRANSFERS:

| | | |
|--|---|---|
| <input type="checkbox"/> Pick-up only @AED 250 net per car | <input type="checkbox"/> Drop-off only @AED 190 net per car | <input type="checkbox"/> Round-trip @ AED 440 net |
|--|---|---|

CREDIT CARD GUARANTEE:

| | | |
|-------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Visa | <input type="checkbox"/> MasterCard | <input type="checkbox"/> American Express |
| Card No: | Expiry Date: | |
| Name of Card Holder: | Signature of Cardholder: | |

No reservations will be processed unless guaranteed by Credit Card (a credit card authorization form is attached to be filled up and sent back to us a long with the copy of the credit card front and the back side and the copy of the passport of the card holder). Upon reservation one night non-refundable deposit will be taken from the credit card.

VISA REQUIRED:

| | |
|--|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> AED 500 / Minimum of 7 working days required except Friday and Saturday | |

DEADLINE: To make a reservation kindly return this form 21 days prior to arrival. Bookings received after this date will be subject to availability.

Please be advised that our check-in time policy is 15.00 hours and check-out time is 12.00 hours. Our cancellation policy is 15 days prior to arrival. In case of No-show and late cancellation, 100% will be charged for the full stay. NOTE: The one night deposit is non-refundable.

PLEASE COMPLETE AND FAX TO:

Ms. latimad hijaoui

Dusit Thani Dubai, PO Box 23335, Dubai, UAE

Tel: +971 4 3174224, Fax: + 971 4 3433326 / 27, E-mail: latimad.hijaoui@dusit.com