

Hotel Booking Form

ITCA Dubai Exhibition 2009

Please use CAPITAL letters and return completed form by e-mail to dcm@dwtc.com or by fax to +971 4 318 8737

NB: Bookings will be accepted only until 22nd September, 2009, after which rooms will be subject to availability and rates cannot be guaranteed.

Hotel Room Reservation Details

All Fields Are Necessary (Please use CAPITAL letters)

Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Country: _____ Zip code _____

Company: _____ Tel #: _____

Mobile #: _____ Fax #: _____

Email: (BLOCK Letters please): _____

Accompanying Person Details (if sharing the same room only)

Last Name: _____ First Name: _____

Visa Requirements – Please Provide Relevant Details

Delegate Nationality: _____ Visa Yes No

Accompanying Person Nationality: _____ Visa Yes No

Flight Details

Arriving Flight No: _____ Date: _____ Time: _____

Departing Flight No: _____ Date: _____ Time: _____

Hotel: Please note that hotel bookings are only processed if credit card details are provided with a copy of the credit card's front and back, otherwise DCM will not be able to process your request. For all pre-paid bookings by bank transfer it is recommended that a credit card number is given to reserve and guarantee the room until the hotel receives full payment.

First Choice: _____ Second Choice: _____

Check in Date: _____ Check out Date: _____

Number of rooms: _____ Single Room: Double Room:

Please note that check in at all hotels is 1500 hrs and check out is 1200 hrs. If you wish to have the room to be available upon arrival, please reserve the room from the previous night.

Credit Card Details – Necessary to Allocate The Room/s

I agree that my credit card information, will be forwarded to the hotel for guarantee purposes and may be charged for the required number of nights, as per the hotel's policy. The balance amount, if any, will be settled directly upon check out.

Kindly enclose with the form a scanned, clear copy of your credit card's front and back in order to process and guarantee your hotel booking.

Visa Master Card Amex Name of card holder, as on card: _____

Credit Card Number: _____ Expiry Date: _____

I have read and accepted the hotel room rates, cancellation policy, booking process and visa information.

Date: _____ Signature of the credit card holder: _____