

## HOTEL RESERVATION FORM

One reservation form must be completed for each attendee. Please print or write legibly. Illegible information may result in processing delay of your reservation. Please  the appropriate boxes.

### PARTICIPANT INFORMATION (\* Required Fields)

Title: Prof      Dr      Mr      Mrs      Miss.

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Mailing Address \_\_\_\_\_

Country/Region: \_\_\_\_\_ Email: \_\_\_\_\_

Tel (office hours): \_\_\_\_\_  
(Country Code) (Area Code) (Number)

**Name of room share if any:**

Title: Prof      Dr      Mr      Mrs      Miss

Surname: \_\_\_\_\_ First name: \_\_\_\_\_

### HOTEL ACCOMMODATION SELECTION

STANDARD ROOMS	SINGLE (1PAX) (KShs)	DOUBLE(2PAX) (KShs)
Bed and breakfast(BB)	3,200	4,800
Half Board(HB)	4,230	6,860
Full Board(FB)	5,260	8,920
Check-in: _____ <small>(DD/MM/YY)</small>	Check-out: _____ <small>(DD/MM/YY)</small>	Total: _____ Night(s)

EXECUTIVE ROOMS (SUITES)	SINGLE (1PAX) (KShs)	DOUBLE(2PAX) (KShs)
Bed and breakfast(BB)	4,500	6,750
Half Board(HB)	5,530	8,010
Full Board(FB)	6,560	9,840
Check-in: _____ <small>(DD/MM/YY)</small>	Check-out: _____ <small>(DD/MM/YY)</small>	Total: _____ Night(s)

*All prices inclusive of 16% vat & 2% catering levy Rates are subjected to change without notice*

## METHOD OF PAYMENT (Exchange Rate: USD 1 = approx HKD 7.8)

Paying by Bank Transfer (Payable in KES or USD)

Account Name :

Account Number :

Bank Name :

Bank Code :

Branch Code :

Bank Address :

Swift Code :

For payment by bank transfer, please send the remittance slip with the reservation form for our reference.

Paying by Credit Card

Card Type: Visa MasterCard

Card Number:

Cardholder's Name:

Expiration Date (MM/YY):

Total Amount (A)+(B):

CVV Number:  
(Visa & Master Card)

(The three digit CVV number is located on the signature panel on the back of the card immediately after the card's account number)

(The four digit numbers in print at the front right side of your card)

Authorized Signature:

Date:

Paying by Bank Draft payable to "Harlequins Suites Hotel" and send to Harlequins Suites Hotel. Please provide the bank copy with the reservation form for our reference.

### Hotel Booking Policy

- ❖ Deposit requirement at 50%.
- ❖ Check out time is 10:00am.
- ❖ All payment to be made in advance.
- ❖ 75% Cancellation fee will be applicable to all guaranteed services.
- ❖ No refund for meal not taken.
- ❖ Personal guests are not allowed in the rooms.
- ❖ Less than 3 years free meals & Accommodations.
- ❖ 4 years to 8 years sharing with adult half rate of adult accommodation & meal
- ❖ 9 year and above - Adult rate

I have read and agreed to the important notes set out on this form.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_