

REHAB 2010

Dubai

March 15 - 17

HOTEL RESERVATION FORM

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INDEX Conferences & Exhibitions Org Est., P.O.Box 13636, Dubai - UAE.

Tel: +971 4 362 4717; Website: www.index.ae

GUEST INFORMATION

Guest Title : Mr Ms Mrs Prof Doctor Other _____ Gender : Male Female

I am a : Exhibitor Participant

Guest Name : _____
First Name Middle Name Last Name

Company Name : _____
(if Exhibitor)

Address : _____

City: _____ State: _____ Country: _____ Zip/Postcode: _____

Nationality: _____ Passport No: _____ Mobile : _____
(Country Code+Area code+Number)

Phone: _____ Fax: _____ Email: _____
(Country Code+Area code+Number) (Country Code+Area code+Number)

HOTEL BOOKING

Select Hotel from list provided. Please indicate three choices of hotels in order of preference.

1. _____

2. _____

3. _____

RESERVATION DATES

Check in Date : DD / MM /2010

Check Out Date : DD / MM /2010

No of Rooms: _____

HOTEL ROOM PREFERENCES

Single Double Twin Non-Smoking Special Needs

Special Requests _____

FLIGHT DETAILS

Arrival Date: / /2010 Time: __/__(am/pm) Flight no: _____ Airline Name: _____

Departure Date: / /2010 Time: __/__(am/pm) Flight no: _____ Airline Name: _____

TERMS & CONDITIONS

- Booking fee of AED 100 (approx US\$ 28) will be charged per room per booking.
- Booking fee entitles you for one change in the reservation only.
- Booking fee of AED 55 (approx US\$ 15) will apply for every additional change, thereafter.
- Booking fee applies irrespective of the length of stay or the category of the Hotel.
- Booking fee is non-refundable.
- Booking fee will be charged by Index Conferences & Exhibitions Organisation Est.
- Hotel deposit of one night room rate is applicable to secure booking.
- Hotel will deduct the deposit amount from Credit Card.
- Hotel deposit is non-refundable.

PAYMENT TERMS

- Guest Cancellation after **14th of February 2010** will result in full stay charges, as per the number of nights booked by the guest.

NOTES: All Payments are requested to be made in United Arab Emirates - Dirhams (AED) only. Payment should be made in advance to confirm booking

PAYMENT DETAILS

VISA MASTERCARD

CREDIT CARD NUMBER: _____

EXPIRY DATE : ____/____ (mm/yyyy)

NAME ON THE CARD: _____

CVV CODE : _____
(Last 3 digits on the back of the card)

I, _____ hereby authorize INDEX Conferences & Exhibitions Org Est. to charge Booking Fee on the above Credit Card and forward my Credit Card information to the selected Hotel above to settle the Hotel Deposit. I am aware that Booking Fee and Hotel Deposit are non-refundable. If I or others booked through this form fail to arrive for my/their assigned hotel on the confirmed arrival date, cost of the full stay will be charged on the above mentioned Credit Card.

GUEST SIGNATURE: _____