

### Hotel Booking Form for Vision-X 2009

Please use **CAPITAL** letters and Fax to +9714 318 8737 or e-mail to [dcm@dwtc.com](mailto:dcm@dwtc.com)

**NB: Bookings will be accepted only until 10<sup>th</sup> April, 2009, after which rooms will be subject to availability and rates cannot be guaranteed.**

#### Hotel Room Reservation Details – All Fields Are Necessary

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

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 processed only if credit card details are provided with copy of the credit card front and back, if the same is not provided DCM will not be able to process your request. For all the bookings that are going to be prepaid with bank transfer it is recommended that a credit card number is given to reserve and guarantee the room, while the hotel awaits for the full payment to be received.**

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

**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 forma **clear, scanned** copy of your credit card front and back in order to be able to process and guarantee your Hotel booking.*

Visa  Master Card  Amex Name of card holder: \_\_\_\_\_

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: \_\_\_\_\_