

HOTEL RESERVATION FORM

Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/>	
Family Name: <input type="text"/>	Father's Name: <input type="text"/>
First Name: <input type="text"/>	
Company Name: _____	Occupation: _____
Nationality: <input type="text"/>	
Arrival Date: <input type="text"/> <input type="text"/> <input type="text"/>	Time: <input type="text"/> <input type="text"/> <input type="text"/> Flight No.: <input type="text"/>
Arrival From: _____	
Room Type: Single: <input type="checkbox"/> Double: <input type="checkbox"/> Deluxe: <input type="checkbox"/>	
Departure Date: <input type="text"/> <input type="text"/> <input type="text"/>	Time: <input type="text"/> <input type="text"/> <input type="text"/> Flight No.: <input type="text"/>
Guest Address: _____	
City: _____	Zip Code: _____ Country: _____
Telephone No.: _____	Facsimile No.: _____
Email: _____	

<u>Credit Card Details</u>	
Type of card: Visa: <input type="checkbox"/> Amex: <input type="checkbox"/> Diners: <input type="checkbox"/> Mastercard: <input type="checkbox"/> Others: <input type="checkbox"/> _____	
Number: <input type="text"/>	Expiry: <input type="text"/> <input type="text"/>
Signature of Cardholder: _____	Date: <input type="text"/> <input type="text"/> <input type="text"/>

<u>Terms & Conditions</u>	
<ul style="list-style-type: none"> • Type of room and request are subject to availability. All reservation must be guaranteed. • Please complete the form and fax it directly to the hotel. • Cancellation must be advised 2 days prior to day of arrival otherwise a one night stay will be charged to credit card. For guaranteed reservations, one night room charge will be levied in the event of no-shows. 	

For and behalf of Intech International.

Name : Nidal Hantash

Signature :


