

## Hotel Booking Form

### Sweets Middle East 2009 and Sweet & SnackTec Middle East 2009

Please use CAPITAL letters and return completed form by e-mail [dcm@dwtc.com](mailto:dcm@dwtc.com) or by fax +971 4 318 8737.

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

#### Hotel Room Reservation Details **All fields are mandatory (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 onwards.

#### 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 clear, scanned 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: \_\_\_\_\_