

## **UTECH 5<sup>th</sup> International Scientific Conference** (July 18 – 21, 2018)

GROUP RESER	CUT OFF DAT June 18, 2018									
ARRIVAL DATE *		Airport Transfer	? YES / NO		FLIGHT TIM	E* FLIG	HT#	DEPAR	RTURE DATE	
DD/MM/YY		Transfers cost US\$35 for up to 3 persons one-way. US\$15 per person thereafter.		ons	HH/mm		Flight #		DD/MM/YY	
GUEST NAME (S)		□Mr. □ Mrs.								
SHARING WITH:		□Dr. □ Other Print Primary Guest Name Here								
		Print Sharing Guest(s) Name(s) Here								
# OF GUESTS		ADULTS: CHILDREN:								
Select room and bed type below by ticking the appropriate boxes		Print any special requests here additional beds etc.								
ROOM TYPE		BED TYPE (□1 KING/□2DBL BEDS)			SINGLE US\$ DOUBLE US\$		TRIPL	TRIPLE US\$ QUA		
DELUXE				181.10	193.75	193.75 206		219.05		
1 BEDROOM SUI	TE			225.38	238.03	300.68		313.33		
PENTHOUSE DEL	UXE			197.55	210.20 222		.85	235.50		
PENTHOUSE 1 B				300.01	312.66	325.31		337.96		
* Room/Bed types will be booked based on availability * Check In Time 3:00 pm * Check Out Time 12 noon	Rates above are per room per night and are inclusive of Government Tax 16.5%, Service Charge – 10% & Special Room Tax - US\$ 4  Government Tax, Service Charge & Room tax are subject to change without prior notice.  Rates above include: - Sunrise Buffet Breakfast - Complimentary Wireless Internet - Flat screen TVs with premium cable channels  PHONE # E-MAIL ADDRESS:									
	PHONE	IVE # E-WIAIL ADDRESS:								
CONTACT INFORMATION	STREET ADDRESS: including zip code									
CREDIT CARD GUARANTEE	TYPE* CC N Card Type		CC NUM	IBER*			EXPIRY DATE**			
CARDHOLDER'S	0 0,7 0,7	7,00	<u> </u>		SIGN	IATURE		CVC#		
NAME										
CANCELLATION POLICY										



TO: THE COURTLEIGH HOTEL & SUITES						
FROM:						
RE: PAYMENT OF DEPOSIT BY CREDIT CARD FOR ACUTECH 5 <sup>th</sup> International Scientific Conference	CCOMMODATION					
I,, am authoriz	, am authorizing, THE COURTLEIGH HOTEL & SUITES					
to charge my credit card, the amount of J\$/US\$	which is the cost					
of the first night, for a booking from	to					
for guest(s)	·					
If the guests are unable to make this trip, I will cance not incur any penalties.  Penalty for cancellation: <b>One (1) Night Room Charge</b>	el at least seven (7) days prior to the arrival date so that I will					
CREDIT CARD TYPE:						
CREDIT CARD NUMBER:						
EXPIRY DATE:						
CARDHOLDER'S NAME:	<del></del>					
CARDHOLDER'S SIGNATURE:						
CARDHOLDER'S TEL. CONTACT:						
CARDHOLDER'S CITY:						
CARDHOLDER'S E-MAIL ADDRESS:	<del></del>					
Completed form and supporting documents requested (front and back) of the card and identification. Accelerated copies of these documents will <b>NOT</b> be process	· · · · · · · · · · · · · · · · · · ·					
Signature						