

# Institute of Chartered Accountants 37<sup>th</sup> Caribbean Conference Group (June 19 - 23, 2019)

## HOTEL BOOKING FORM

<b>RESERVATION #</b>	<i>To be completed by hotel staff</i>		<b>BLOCK CODE:</b> <b>362077</b>	<b>CUT OFF DATE</b> <b>May 15, 2019</b>
<b>ARRIVAL DATE *</b> <i>DD/MM/YY</i>	<b>FLIGHT #</b> <i>Flight #</i>	<b>FLIGHT TIME*</b> <i>HH/mm</i>	<b>DEPARTURE DATE</b> <i>DD/MM/YY</i>	<b>DEPARTURE TIME *</b> <i>HH/mm</i>
<b>GUEST NAME (S) *</b>	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Mr. <input type="checkbox"/> Dr. <input type="checkbox"/> Other <i>Print Primary Guest Name Here</i>			
<b>SHARING WITH:</b>	<i>Print Sharing Guest(s) Name (s) Here</i>			
<b># OF GUESTS *</b>	<b>ADULTS:</b>	<i># of Adults</i>	<b>CHILDREN:</b>	<i># of Children</i>
<b>Select room and bed type below by <b>ticking the appropriate boxes</b></b>	<b><u>ROOM TYPE</u></b>		<b><u>NIGHTLY RATE (US\$)</u></b>	
	<b>ROOM TYPE/BED TYPE</b>	<b>SINGLE</b>	<b>DOUBLE</b>	
<input type="checkbox"/> DELUXE KING	<input type="checkbox"/> DELUXE 2 DBL BED	<b><u>182.37</u></b>	<b><u>195.02</u></b>	
<input type="checkbox"/> ONE BEDROOM SUITE KING BED	<input type="checkbox"/> ONE BEDROOM SUITE 2 DBL BEDS	<b><u>231.70</u></b>	<b><u>244.35</u></b>	
<ul style="list-style-type: none"> <li>• <b>Room/Bed types will be booked based on availability</b></li> <li>• <b>Check In Time 3:00 pm</b></li> <li>• <b>Check Out Time 12 noon</b></li> </ul>	Rates above are per room per night and are <b>inclusive of</b> : <ul style="list-style-type: none"> <li>- Government Tax – 16.5% &amp; Service Charge – 10%</li> <li>- Special Room Tax - US\$ 4</li> </ul> <b>***Government Tax, Service Charge, Energy Surcharge, and Room tax are subject to change and may be increased without prior notice.</b>  Rates above include: <ul style="list-style-type: none"> <li>- Sunrise Buffet Breakfast</li> <li>- Complimentary Wireless Internet</li> </ul>			
<b>CONTACT INFORMATION*</b>	<b>PHONE #</b> <i>Print Phone # Here</i>		<b>ADDRESS</b> <i>Print Address Here</i>	
	<b>FAX #</b>			
	<b>E-MAIL ADDRESS</b> <i>Print E-Mail Address Here</i>			
<b>CREDIT CARD GUARANTEE</b>	<b>TYPE*</b> <i>Card Type</i>	<b>CC NUMBER*</b> <i>Print Credit Card # Here</i>		<b>EXPIRY DATE**</b>
<b>CARD HOLDER NAME</b>				<b>SIGNATURE</b>
<b>CANCELLATION POLICY</b>	<b>All reservations must be guaranteed with first night's deposit to credit card and guaranteed for late arrival. The Courtleigh Hotel &amp; Suites will provide confirmation within 48 hours of receipt.</b> If at any time after the Booking Deadline ( <b>May 15, 2019</b> ) and up to 48 hours prior to arrival, the reservation should be cancelled or decreased in anyway, a late cancellation charge will be assessed amounting to one night's room revenue for each room cancelled. <b>If cancellation is made less than 7 days prior to arrival or "NO SHOW"</b> then a charge equivalent to <b>one night room revenue</b> will be assessed for each room cancelled. Guaranteed reservations are held until noon of the day following stated arrival date.			

**PLEASE COMPLETE ALL SECTIONS & RETURN BY FAX: 876-906-2224 OR  
E-MAIL [salesmgr@courtleigh.com](mailto:salesmgr@courtleigh.com) or [sales3@courtleigh.com](mailto:sales3@courtleigh.com)**



TO: THE COURTLEIGH HOTEL & SUITES

FROM: \_\_\_\_\_

RE: PAYMENT OF DEPOSIT BY CREDIT CARD FOR ACCOMMODATION  
**Institute of Chartered Accountants 37<sup>th</sup> Caribbean Conference Group**

I, \_\_\_\_\_, 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 cancel at least seven (7) days prior to the arrival date so that I will not incur any penalties.

Penalty for cancellation: **One (1) Night Room Charge**

**CREDIT CARD TYPE:** \_\_\_\_\_

**CREDIT CARD NUMBER:** \_\_\_\_\_

**EXPIRY DATE:** \_\_\_\_\_

**CARDHOLDER'S NAME:** \_\_\_\_\_

**CARDHOLDER'S SIGNATURE:** \_\_\_\_\_

**CARDHOLDER'S TEL. CONTACT:** \_\_\_\_\_

**CARDHOLDER'S CITY:** \_\_\_\_\_

**CARDHOLDER'S E-MAIL ADDRESS:** \_\_\_\_\_

***Completed form and supporting documents requested must be scanned and returned via e-mail with a copy (front and back) of the card and identification. Accepted forms of ID are: Driver's License or Passport. Faxed copies of these documents will NOT be processed.***

\_\_\_\_\_  
Signature