



**INDIVIDUAL RESERVATION FORM**

First Name : \_\_\_\_\_  
 Last Name : \_\_\_\_\_  
 Title : (Ms, Mr. Mrs.) \_\_\_\_\_  
 Contact Address : \_\_\_\_\_  
 City : \_\_\_\_\_ Country : \_\_\_\_\_  
 Postal code / Zip code : \_\_\_\_\_ Email : \_\_\_\_\_  
 Telephone : \_\_\_\_\_ Passport Number : \_\_\_\_\_  
 Mobile : \_\_\_\_\_ Date of Birth : \_\_\_\_\_  
 Fax : \_\_\_\_\_  
 Name of Conference Organizer : \_\_\_\_\_  
 Name and Date of Conference : \_\_\_\_\_

**Room reservation:**

**"PricewaterhouseCoopers"  
10<sup>th</sup> – 12<sup>th</sup> Nov 2013**

Rates offered by hotel :

Room Type	Room Rate	Inclusive
Single Deluxe Room	AED 900 plus 20% tax per room per night	International Buffet Breakfast Wi-Fi Internet connection

Arrival date: \_\_\_\_\_ Arrival Flight details: \_\_\_\_\_  
 Departure date : \_\_\_\_\_ Departure Flight details: \_\_\_\_\_  
 Additional request : Smoking  Non-smoking   
 Special request : \_\_\_\_\_  
 \_\_\_\_\_

**Payment term:**

Credit card number : \_\_\_\_\_  
 Expiry date : \_\_\_\_\_  
 Cardholder name : \_\_\_\_\_  
 Type of credit card : Visa  MasterCard  AMEX   
 Diners  Others \_\_\_\_\_

**Terms and Conditions:**

1. Our official check-in time is from 15:00 hours. All requests for early check-in are subject to availability.
2. Our official check-out time is 12:00 hours. All requests for late check-out are subject to availability
3. All bookings require credit card guarantee.
4. Reservations will not be accepted if credit card details are incomplete.
5. Reservations are subject to availability
6. In the event of 07 days Cancellation or No Show, the hotel has the right to charge full room nights booked against the credit card.

**Declaration:**

I, \_\_\_\_\_, the undersigned hereby authorize The H Dubai to hold the amount incurred of the total number of room nights as a guarantee for this reservation request. The hotel has the right to charge the total cost of the ONE room night reserved should the booking be cancelled or in the event of no-shows on the day of arrival.

Client signature : \_\_\_\_\_  
 Client name : \_\_\_\_\_  
 Date: \_\_\_\_\_

Kindly return scanned copy of this form to [reservations@h-hotel.com](mailto:reservations@h-hotel.com)