

# International Seabed Authority Group (July 30 – August 18, 2017)

## HOTEL BOOKING FORM

<b>RESERVATION #</b>	<i>To be completed by hotel staff</i>		<b>BLOCK CODE:</b> <b>335896</b>	<b>CUT OFF DATE</b> <b>July 3, 2017</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>			
Select room and bed type below by <b>ticking the appropriate boxes</b>	<b>ROOM TYPE</b>	<b>NIGHTLY RATE (US\$)</b>			
	ROOM TYPE/BED TYPE	SINGLE	DOUBLE	TRIPLE	QUAD
<input type="checkbox"/> STANDARD		<b>98.00</b>	<b>108.00</b>	<b>N/A</b>	<b>N/A</b>
<input type="checkbox"/> SUPERIOR		<b>116.00</b>	<b>126.00</b>	<b>136.00</b>	<b>146.00</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 subject to: <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, and Room tax are subject to change and may be increased without prior notice.</b> Maximum capacity of bedrooms is 4 persons (applicable to superior rooms only)  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 Knutsford Court Hotel will provide confirmation within 48 hours of receipt.</b> If at any time after the Booking Deadline ( <b>July 3, 2017</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</b> prior to arrival or "NO SHOW" 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 EMAIL TO:**

[salesmgr@courtleigh.com](mailto:salesmgr@courtleigh.com) or [sales3@courtleigh.com](mailto:sales3@courtleigh.com) or [sales9@courtleigh.com](mailto:sales9@courtleigh.com)

16 Chelsea Avenue, Kingston 5, Jamaica West Indies | Telephone: (876) 929-9000 Facsimile: (876) 906-2224  
 General E-Mail: [sales@knutsfordcourt.com](mailto:sales@knutsfordcourt.com) Website: [HTTP://www.knutsfordcourt.com](http://www.knutsfordcourt.com)



TO: THE KNUTSFORD COURT HOTEL

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

RE: PAYMENT OF DEPOSIT BY CREDIT CARD FOR ACCOMMODATION

**International Seabed Authority**

I, \_\_\_\_\_, am authorizing, **THE KNUTSFORD COURT HOTEL**  
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