

International Seabed Authority Group

(March 5 - 9, 2017)

HOTEL BOOKING FORM

RESERVATION #	<i>To be completed by hotel staff</i>		BLOCK CODE: 346759	CUT OFF DATE February 1, 2017	
ARRIVAL DATE * <i>DD/MM/YY</i>	FLIGHT # <i>Flight #</i>	FLIGHT TIME* <i>HH/mm</i>	DEPARTURE DATE <i>DD/MM/YY</i>	DEPARTURE TIME * <i>HH/mm</i>	
GUEST NAME (S) *	<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>				
SHARING WITH:	<i>Print Sharing Guest(s) Name (s) Here</i>				
# OF GUESTS *	ADULTS: <i># of Adults</i>	CHILDREN: <i># of Children</i>			
Select room and bed type below by ticking the appropriate boxes	ROOM TYPE	NIGHTLY RATE (US\$)			
	ROOM TYPE/BED TYPE	SINGLE	DOUBLE	TRIPLE	QUAD
<input type="checkbox"/> STANDARD		98.00	108.00	N/A	N/A
<input type="checkbox"/> SUPERIOR		116.00	126.00	136.00	146.00
<ul style="list-style-type: none"> 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 subject to: <ul style="list-style-type: none"> - Government Tax – 16.5% & Service Charge – 10% - Special Room Tax - US\$ 4 Government Tax, Service Charge, and Room tax are subject to change and may be increased without prior notice. Maximum capacity of bedrooms is 4 persons (applicable to superior rooms only) Rates above include: <ul style="list-style-type: none"> - Sunrise Buffet Breakfast - Complimentary Wireless Internet 				
CONTACT INFORMATION*	PHONE # <i>Print Phone # Here</i>	ADDRESS <i>Print Address Here</i>			
	FAX #				
	E-MAIL ADDRESS <i>Print E-Mail Address Here</i>				
CREDIT CARD GUARANTEE	TYPE* <i>Card Type</i>	CC NUMBER* <i>Print Credit Card # Here</i>		EXPIRY DATE**	
CARD HOLDER NAME			SIGNATURE		
CANCELLATION POLICY	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. If at any time after the Booking Deadline (February 1, 2017) 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. If cancellation is made less than 7 days prior to arrival or "NO SHOW" then a charge equivalent to one night room revenue 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 or sales3@courtleigh.com or 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 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

**International Seabed Authority
Legal & Technical Meeting Group
(March 12 - 23, 2017)**

HOTEL BOOKING FORM

RESERVATION #	<i>To be completed by hotel staff</i>		BLOCK CODE: 346761	CUT OFF DATE February 1, 2017	
ARRIVAL DATE * <i>DD/MM/YY</i>	FLIGHT # <i>Flight #</i>	FLIGHT TIME* <i>HH/mm</i>	DEPARTURE DATE <i>DD/MM/YY</i>	DEPARTURE TIME * <i>HH/mm</i>	
GUEST NAME (S) *	<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>				
SHARING WITH:	<i>Print Sharing Guest(s) Name (s) Here</i>				
# OF GUESTS *	ADULTS: <i># of Adults</i>	CHILDREN: <i># of Children</i>			
Select room and bed type below by ticking the appropriate boxes	ROOM TYPE	NIGHTLY RATE (US\$)			
	ROOM TYPE/BED TYPE	SINGLE	DOUBLE	TRIPLE	QUAD
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	FAX #				
	E-MAIL ADDRESS <i>Print E-Mail Address Here</i>				
CREDIT CARD GUARANTEE	TYPE* <i>Card Type</i>	CC NUMBER* <i>Print Credit Card # Here</i>		EXPIRY DATE**	
CARD HOLDER NAME		SIGNATURE			
CANCELLATION POLICY	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. If at any time after the Booking Deadline (February 1, 2017) 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. If cancellation is made less than 7 days prior to arrival or "NO SHOW" then a charge equivalent to one night room revenue will be assessed for each room cancelled. Guaranteed reservations are held until noon of the day following stated arrival date.				

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CARDHOLDER'S NAME: _____

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CARDHOLDER'S TEL. CONTACT: _____

CARDHOLDER'S CITY: _____

CARDHOLDER'S E-MAIL ADDRESS: _____

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