



International Seabed Authority LTC and Council Meetings March 2018 HOTEL BOOKING FORM

| | | | | | |
|---|---|-----------------------------------|--------------------------------------|---|------|
| RESERVATION # | <i>To be completed by hotel staff</i> | | BLOCK CODE: 180301ISAM | CUT OFF DATE February 9, 2018 | |
| ARRIVAL DATE * | FLIGHT # | FLIGHT TIME* | DEPARTURE DATE | DEPARTURE TIME * | |
| <i>DD/MM/YY</i> | <i>Flight #</i> | <i>HH/mm</i> | <i>DD/MM/YY</i> | <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 | <u>ROOM TYPE</u> | <u>NIGHTLY RATE (US\$)</u> | | | |
| | ROOM TYPE/BED TYPE | SINGLE | DOUBLE | TRIPLE | QUAD |
| <input type="checkbox"/> DELUXE KING <input type="checkbox"/> DELUXE 2 DBLS | | 166.00 | 188.00 | N/A | N/A |
| <input type="checkbox"/> ROYAL DELUXE KING | | 204.50 | 226.50 | N/A | N/A |
| <i>Royal Junior Suite guests enjoy access to the private club lounge with breakfast & cocktails served daily.</i> <input type="checkbox"/> | <input type="checkbox"/> ROYAL ONE BEDROOM SUITE KING | 254.00 | 254.00 | N/A | N/A |
| <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 inclusive of: <ul style="list-style-type: none"> - Full buffet breakfast - Service Charge – 10% - Energy Surcharge – US\$8 & Special Room Tax - US\$ 4 Government Tax, Service Charge, Energy Surcharge, and Room tax are subject to change and may be increased without prior notice. Maximum capacity of bedrooms is 4 persons Children under 12 years sharing with an adult stay free. Maximum 1 child per room Additional US\$8.00 per child for breakfast (ages 6 – 12) | | | | |
| 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* | CC NUMBER* | | EXPIRY DATE** | |
| | <i>Card Type</i> | <i>Print Credit Card # Here</i> | | | |
| 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 Jamaica Pegasus Hotel will provide confirmation within seven days of receipt. If at any time after the Booking Deadline (February 9, 2018) 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 48 hours prior to arrival or "NO SHOW" then a charge equivalent to two nights 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 FAX: 876-929-0593 OR E-MAIL reservations@jamaicapegasus.com

81 Knutsford Boulevard, Kingston 5, Jamaica West Indies
 Telephone: (876) 926 3690 Facsimile: (876) 929 0583

E-Mail: info@jamaicapegasus.com / reservations@jamaicapegasus.com Website: [HTTP://www.jamaicapegasus.com](http://www.jamaicapegasus.com)



TO: THE PEGASUS HOTEL

FROM: _____

RE: PAYMENT OF DEPOSIT BY CREDIT CARD FOR ACCOMMODATION
ISA Legal and Technical Commission

I, _____, am authorizing, the **PEGASUS 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 after March 1, 2018: **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

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