



HOTEL BOOKING FORM

PLEASE TYPE / WRITE IN BLOCK LETTERS (Best by printing from computer)

Delegate and Organization details:

Category (Please tick) Seller Buyer Media

First Name : (Mr / Mrs / Ms) _____ Family Name : _____

Company Name : _____ Email : _____

Address : _____ Country : _____

Telephone : _____ Fax : _____

Arrival Flight : _____ Arrival Date : _____ Arrival Time : _____

Departure Flight : _____ Departure Date : _____ Departure Time : _____

Accompanying persons

(1) First Name : (Mr / Mrs / Ms) _____ Family Name : _____

(2) First Name : (Mr / Mrs / Ms) _____ Family Name : _____

Hotel Accommodation USD Equiv. (USD 1 = Philippine Peso 40, rate as of September 15)

Check-in Date : _____ Check-out Date: _____ No. of Nights : _____

Room Type : Twin Single Double

Special Request : Smoking Room Non-Smoking Room

Hotel Name	Room Type	Room Rates (Peso/USD Equiv.) inclusive Taxes & Breakfast(s)	Contact Details
MANILA HOTEL Address: One Rizal Park Manila Philippines www.manila-hotel.com.ph	Superior Deluxe Room	<input type="checkbox"/> Single room:PhP 6500/USD 163.00 <input type="checkbox"/> Twin room:PhP 6500/USD 163.00 <input type="checkbox"/> Triple room:PhP 8250/USD 207.00	Mr. Jomari Lim j.lim@manila-hotel.com.ph T:+632 527 0011 loc. 1113

Total Amount Payable : _____

** Rates are inclusive of breakfast(s), all service charges and government tax.

** USD rate is approximate and subject to the exchange rate on your check-out date.

** Distance from official hotels to/from convention venue are approximately 15-30 minutes drive

First night non-refundable deposit is required upon reservation.

Credit card guarantee required, payment upon check in.

Credit card details (Guarantee)

Type of Card : Visa AME MasterCard

Name of Card Holder : _____ Credit Card Number : _____

Expiry Date : _____ Authorized Amount : _____

Card Holder's Singnature : _____

** All cancellations and changes should be sent in writing to the hotel directly.