



HOTEL RESERVATION FORM
DOST
June 8-10, 2016

E-mail: cpqm.reservations@ihg.com higm.reservations@ihg.com
 Fax: (632) 6385683
 Name of Hotel: Crowne Plaza Holiday Inn
 Duration of Stay: **Check-in** **Check-out**
 Type of Room: Deluxe Room Php 6,000.00 nett Deluxe Room Php 4,500.00 nett
 Premiere/Triple Occupancy Php 6,500.00 nett Twin
 Premiere/Triple Php 6,000.00 nett

Room Preference: Smoking Non Smoking

Name of Guest (s): **Full Name:** _____
Address: _____
E-mail Address: _____
Contact Number/s: _____

Flight Details: **ETA:** _____
ETD: _____

Airport Transfers: Yes No
 Arrival Departure

Car Type: Vios Php 1,550.00nett/way
 Van Php 3,114.00nett/way
 Innova Php 2,095.00nett/way

Payment Terms (To be settled on or before Check-in) (Please complete to guarantee your reservation)
 On Personal Account On Send Bill Arrangement
 American Express
 VISA
 MasterCard
 Diners
 JCB

Cardholder's Name: _____
 Card Number: _____
 Expiry Date: _____
 Signature: _____

Incidental Charges on Personal Account

INCLUSIONS:

- * Room Rates are inclusive of Taxes and Service Charge
- * Buffet Breakfast for two (2) persons at the Hotel Restaurant
- * Complimentary Internet Access in each room
- * Complimentary Use of Swimming Pool and Gym Facilities
- * Standard Check-in time is at 3:00pm and Check-out is at 12:00nn

CANCELLATION POLICY:

- * Any cancellation of booking is to be made Seven (7) days PRIOR to the arrival date.
- * Late cancellation will be subject to a 100% Cancellation Charge based on the entire length of stay booked.

OPTION DATE:

- * Please note that the cut-off date for Holiday Inn is on May 27, 2016.
- * Please note that for Crowne Plaza, rates are subject to change after May 31, 2016.

NO SHOW POLICY:

- * Any guests who does not show on the date of expected arrival, full charges on agreed rate, applicable taxes and Service Charges will apply
- * No Show or Cancellation Charges will be on Personal Account

