

ORDER FORM 4: HOTEL BOOKING

Kindly fill the form in order to guarantee your room accommodation booking

Full Name (as indicated in the passport)		
Phone	Fax	Mobile
Spouse/Guest Name		

Hotel 5*	Single room	Double room
Cairo Marriott Hotel	135 USD	155 USD

Single room

Double room

- The payment of accommodation should be done directly to the hotel.
- The prices are on Bed & Breakfast Basis.
- The Accommodation rates are inclusive of all taxes
- Check in time 15:00 hrs.
- Check Out is 12:00 Noon. Late check out is subject to availability & prior approval, please refer to organizer desk.
- Please note that Reservation should be received latest by 15 February 2022, after which rooms will be subject to availability.
- In order to avoid no show charges, please cancel your reservation before 13 February 2022, If not a charge of one night will be applicable.

Other Information: **Airport Pickup/drop required:**

Airport pick up should be paid directly to the hotel

Pick up/

Drop/

Arrival		Departure	
Flight Date		Flight Date	
Flight No.		Flight No.	
Arrival Time		Departure Time	

Method of Payment

Visa

Master Card

Amex

Name of Card Holder	Card Type
Credit Card Number	Expiry Date

To Guarantee your booking, kindly fill in the credit card authorisation form attached and send it back to us scanned to the following email: ahfonline@ahfonline.net

I hereby agree that if the booking is a NO SHOW, one night will be charged to my credit card.

Signature

Dear Sir/Madam,

This form has been created in order to allow you to have third party expenses charged to your credit/debit card. Please provide all the information requested below to ensure prompt processing of your application. We ask you to please sign and date the form before submission. Please fax the completed form to Arab Hospitals Federation at +961 9 900111. Please call number +961 9 900110 to inform Arab Hospitals Federation that fax is being sent so it can be retrieved in a timely manner. Do not send photocopy of the front or back of the credit card with this form, as this is against credit card company regulations.

Cardholder Information - Required

Name as it appears on the credit/debit card: _____

Card type: Visa MC Amex Diners/CB Discover JCB

Account type: Personal Corporate | Company Name: _____

Issuing Bank: _____ Phone #: _____

Account number: _____ Exp. Date: _____

Address: _____
(where statement is mailed)

City, State and Zip: _____

Phone number: _____ Fax or alternate number: _____

Guest Information - Required

Guest name: _____

Address: _____

City, State and Zip: _____

Company: _____

Phone number: _____ Fax or alternate number: _____

Confirmation number: _____

Arrival date: _____ Departure date: _____

Relation to cardholder: Relative Friend Business Associate Other: _____

I understand that should there be any issues with the credit/debit card being used to settle my charges, I will be responsible for all expenses incurred during my stay. Departure date cannot be extended unless a new authorization form is completed.

Guest name: (Printed) _____

Guest signature: _____ Date: _____

Rate Information and Approved Charges - Required

Room rate:* _____ Taxes:* _____ Total daily rate:* _____ Number of nights: _____

*(Rate and tax amount must be provided by a hotel representative in order to complete this form)

- All Charges Room & Tax Telephone (LD) Telephone (Local) Restaurant
 Room Service Valet (Laundry) Parking HS Internet Access Movies
 Other: _____



Credit Card Authorization Form

I certify that all information is complete and accurate. I hereby authorize Marriott Hotels & Resorts to collect payment for all charges as indicated in the Rate Information and Approved Charges section of this form by processing a charge to the credit/debit card listed above. Charges must not exceed _____ for the entire stay/event. I understand that a new form will have to be completed if guest wishes to extend his/her stay. I certify that I am the authorized signer of the credit/debit card listed above.

Cardholder name: (Printed) _____

Cardholder signature: _____ Date: _____