



Accommodation Reservation Form

Guest Details

Title (Mr/Mrs/Ms):		Guest Name:	
Arrival Date:			
Departure date			
Company Name:			
Address Details:			
Telephone Number:			
Email Address:			

Reservation Details

Room Type:	Room Rate (per room/per night):
SUPERIOR SINGLE	AED: 502.00 net BB + AED 15 Municipality room fee per room per night
SUPERIOR Double	AED: 564.75 net BB + AED 15 Municipality room fee per room per night

Please complete your arrival and departure details below:

Check-In Date	Arrival Flights Details			Check-Out Date	Departure Flights Details		
	Airline	Flight Number	Arrival Time		Airline	Flight Number	Departure Time



Airport Transfers from Abu Dhabi airport charged at AED 225.00 / to Abu Dhabi airport AED 225.00	Requested <input type="checkbox"/>	Not Requested <input type="checkbox"/>
Airport Transfers from Dubai airport charged at AED 765.00 / to Dubai airport AED 765.00	Requested <input type="checkbox"/>	Not Requested <input type="checkbox"/>

Reservation Terms and Conditions

- In U.A.E Dirham (AED), Per room & per night
- Inclusive of 10 % Service Charge, 6% Tourism Fees and 4% Municipality fee
- Inclusive of municipality room fee AED 15 per room per night to be paid
- Inclusive of Breakfast Buffet, served at Corniche all day dining Restaurant
- Inclusive of complimentary usage of WIFI in the rooms, meeting space and public areas
- Arrival & departure dates falling before or after the above mentioned dates will be subject to availability & charged at the daily available rate agreed upon.
- Extra rooms during the above mentioned dates will be subject to availability & charged at the best available rate as per the hotel based on occupancy

PLEASE KINDLY PROVIDE YOUR CREDIT CARD DETAILS IN ORDER TO GUARANTEE THE BOOKING

I understand the terms and conditions of the reservation and cancellation/no-show and wish to guarantee the above reservation for the full number of nights as stated above.

I authorise for the credit card details below to be charged in the event of cancellation or no-show.

Card Holder Name:		Card Type:	
Card Number:		Card Expiry Date:	
Signature of Card Holder (required if sending by fax):			

PLEASE COMPLETE THE FORM AND EMAIL IT TO

H7507-RE1@SOFITEL.COM

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