

R O V E HOTELS

Rove Healthcare City Booking Form
Harvard Club of the UAE Group / Ismaili Centre
Friday 18th August 2017 to Monday 21st August 2017
Rove Healthcare City

Please use CAPITAL letters and email to groups@rovehotels.com

DEADLINE FOR HOTEL BOOKING: After 1st August 2017, all unreserved rooms will be released.

Hotel Room Reservation Details

Last Name: _____ First Name: _____

Company: _____

E-mail (block letters please): : _____

Accompanying Person Details: (if sharing the same room only)

Last Name: _____ First Name: _____

Room Rate

Rover Room Single Occupancy AED 200.00
Rover Room Double Occupancy AED 200.00

The above room rates are per room per night inclusive of breakfast and 10% Service Charge, 10% municipality fee **and subject to Tourism Dirham Fee of AED 10 per bedroom per night.**

Check-in Date: _____ Check-out Date: _____

No. Of Rooms: _____ Single: _____ Double: _____

Please note that check in at all hotels is **1600 hrs and check out is 1400 hrs**. Should you want your room to be available upon arrival, please reserve the room from the previous night.

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Hotel: Please note that hotel bookings are processed only if credit card details are provided. Should you not have a credit card, your room will be on request basis, and will be confirmed by the hotel only upon receipt of full payment. **Harvard Club of the UAE Group / Ismaili Centre** will not be responsible if the hotel is unable to hold or cancels your room if credit card details are not received on or before **Tuesday 1st August 2017**. Once the form is received, the hotel will consider this as a confirmation of the booking and in case there is no show or a cancellation after this date, full length of stay will be charged.

Credit Card Details

I agree that my credit card information will be forwarded to the hotel for guarantee purposes in case of cancellation or non-arrival.

Visa Master Amex

Card Number: _____.

Expiry Date: _____.

Name Of Cardholder: _____.

I have read and accepted the hotel room rates, hotel cancellation policy, and hotel booking process and visa information.

Date: _____ Signature of Cardholder: _____.

Comments/ Special preferences (If any):