



THE ADDRESS

HOTELS + RESORTS

The Address Hotels and Resorts Room Booking Form

American Academy of Anti-Aging Medicine
07 November 2012 to 12 November 2012

The Address Dubai Mall

Please use CAPITAL letters and Fax to (009714-4238800) or email to groups@theaddress.com

DEADLINE FOR HOTEL BOOKING: **Thursday 11th October 2012**

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

| | | | | | |
|-----------------------|----------------|--------------------------|--|--|--|
| Room Single Occupancy | AED 1200.00 ++ | <input type="checkbox"/> | | | |
| Room Double Occupancy | AED 1200.00 ++ | <input type="checkbox"/> | | | |

The above room rates are per room per night is exclusive of 10% Service Charge & 10% Municipality Fee and Buffet Breakfast in exclusive. Buffet breakfast is available for AED 115.00 Net per person in Na3Na3 restaurant

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

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

Please note that check in at all hotels is 1500 hrs and check out is 1200 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. **American Academy of Anti-Aging Medicine** will not be responsible if the hotel is unable to hold or cancels your room if credit card details are no received before **Thursday 11th October 2012**. 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, at least one night charge will be made.

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, hotel booking process and visa information.

Date: _____ Signature of Cardholder: _____.

Flight Details

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Arriving Flight No: _____ Date: _____ Time: _____.

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Departure Flight No: _____ Date: _____ Time: _____.

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Airport Transfer: YES: NO:

Our Hotel limousine can be arranged at AED 275 per car per way. These rates are only applicable to and from Dubai International Airport and for a maximum of three guests in a car. (As per Dubai Transportation regulation, a maximum of 3 people can be accommodated in one car, and only up to two medium suitcases. Any additional car or taxi booked at the airport, or the hotel, will be at an additional fee charged directly).

Comments/ Special preferences (If any): _____



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