



# The Caribbean Association of Otolaryngologists

## May 11-17, 2019

### HOTEL BOOKING FORM

RESERVATION#	<i>To be completed by hotel staff</i>	BLOCK CODE: <b>190512CAOC</b>	CUT OFF DATE <b>May 1, 2019</b>
ARRIVAL DATE *	FLIGHT # FLIGHT TIME*	DEPARTURE DATE *	DEPARTURE TIME *
GUEST NAME (S) *  SHARING WITH:	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Mr. <input type="checkbox"/> Dr. <input type="checkbox"/> Other		
# OF GUESTS *	ADULTS:		CHILDREN:
Select room and bed type by ticking the appropriate boxes	<u>ROOM TYPE</u>	<u>NIGHTLY RATE (US\$)</u>	
	<b>ROOM TYPE/BED TYPE</b>	<b>Single</b>	<b>Double</b>
<i>Deluxe rooms</i> <input type="checkbox"/>	DELUXE ROOM KING/DOUBLE BED	206.81	232.11
<i>Royal Club Rooms enjoy access to the private club lounge with breakfast &amp; cocktails served daily.</i> <input type="checkbox"/>	ROYAL DELUXE ROOM	255.51	280.81
<i>Royal Club Suites enjoy access to the private club lounge with breakfast &amp; cocktails served daily.</i> <input type="checkbox"/>	ROYAL ONE BEDROOM SUITE	345.96	371.26
<ul style="list-style-type: none"> <li><b>Room/Bed types will be booked based on availability</b></li> <li><b>Check In Time – 3 pm</b></li> <li><b>Check Out Time 12 noon</b></li> </ul>	Rates above are per room per night and are inclusive of: <ul style="list-style-type: none"> <li>Full buffet breakfast</li> <li>Service Charge 10% &amp; GCT 16.5%</li> <li>Energy Surcharge US\$8</li> <li>Special Room Tax US\$ 4</li> </ul> Maximum capacity of bedrooms is 4 persons with an extra person charge of <b>US\$ 25.30 per person</b> (applicable for the 4 <sup>th</sup> person in the room)		
CONTACT INFORMATION*	PHONE #	ADDRESS	
	FAX #		
	E-MAIL ADDRESS		:
CREDIT CARD GUARANTEE	TYPE*	CC NUMBER*	EXPIRY DATE**
CARD HOLDER NAME		SIGNATURE	
CANCELLATION POLICY	<ul style="list-style-type: none"> <li>Reservations may be guaranteed by any major credit card or a cash deposit.</li> <li>Guaranteed reservations are held until noon of the day following stated arrival date.</li> <li>Guaranteed no-shows are charged one night's room rate, however if cancellation is received 2 days (48 hours) prior to the day of arrival, the penalty will be waived.</li> <li>Unguaranteed reservations are released at 6.00 p.m. on the day of arrival</li> </ul>		

**PLEASE COMPLETE ALL SECTIONS & RETURN BY E-MAIL TO [reservations@jamaicapegasus.com](mailto:reservations@jamaicapegasus.com)**



TO: THE PEGASUS HOTEL

FROM: \_\_\_\_\_

RE: PAYMENT OF DEPOSIT BY CREDIT CARD FOR ACCOMMODATION

**The Caribbean Association of Otolaryngologists,  
May 12-16, 2019**

I, \_\_\_\_\_, am authorizing, **THE JAMAICA PEGASUS HOTEL** to charge my credit card, the amount of J\$/US\$ \_\_\_\_\_ which is the cost of the booking from \_\_\_\_\_ to \_\_\_\_\_ for guest(s) \_\_\_\_\_.

If the guests are unable to make this trip, I will cancel at least seven (7) days prior to the arrival date so that I will not incur any penalties.

Penalty for cancellation less than 48 hours prior to Arrival: **One (1) Night's Room Charge**

**CREDIT CARD TYPE:** \_\_\_\_\_

**CREDIT CARD NUMBER:** \_\_\_\_\_

**EXPIRY DATE:** \_\_\_\_\_

**CARDHOLDER'S NAME:** \_\_\_\_\_

**CARDHOLDER'S SIGNATURE:** \_\_\_\_\_

**CARDHOLDER'S TEL. CONTACT:** \_\_\_\_\_

**CARDHOLDER'S CITY:** \_\_\_\_\_

**CARDHOLDER'S E-MAIL ADDRESS:** \_\_\_\_\_

*Completed form and supporting documents requested must be scanned and returned via e-mail with a copy (front and back) of the card and identification. Accepted forms of ID are: Driver's License or Passport.*

***Faxed copies of these documents will NOT be processed.***

\_\_\_\_\_  
Signature