



Reservation Request Form
RFID Journal LIVE! Middle East
Code RFID 1010
3rd – 6th October 2010

Please complete and send by e-mail at babalbahr.reservations@fairmont.com
Fax no. +971 4 3118155

Date: _____
Guest Name: _____ **Tel. Number:** _____
Street Address: _____ **Fax Number:** _____
Email Address: _____
City: _____
Province/State/County: _____
Country: _____ **Postal Code/Zip:** _____

Arrival Date: _____ **Arrival Time:** _____ **Flt. #:** _____
Departure _____ **Dep Time:** _____ **Flt.#:** _____
No. of Adults: _____ **No. of Children** _____

Requested Room Type (please indicate):

Fairmont Room at AED 1,099.00 +10% service charge & 6% tourism fee per room per night room only.

Fairmont View Rooms at AED 1,199.00 +10% service charge & 6% tourism fee per room per night room only.

The above mentioned rates are valid pre & post conference date and upon availability.

Room Preference: Smoking Non-smoking

Airport transfers required
AED 225 pickup & 225 Yes No

drop off
Visa required Yes No
AED 750 per visa

All reservations require a credit card to guarantee the booking. Please complete the attached credit card authorization form and send us the front and back copy of your credit card together with your passport copy to confirm your reservation.

Room can be cancelled 24 hours prior to the arrival date without any penalty.

Check In: 3 pm Check Out: 12 noon.
Kindly Pre book your rooms accordingly.

Fairmont
BAB AL BAHR

CREDIT CARD AUTHORIZATION FORM

Fairmont Bab Al Bahr
Accounts Department
PO Box 114304
Between the Bridges
Abu Dhabi, UAE

Today's Date: _____

I, _____ (full name) the undersigned with the following passport number _____, voluntarily and unequivocally authorize Fairmont Bab Al Bahr to debit my credit card for (details below):

Room & Tax _____
 Entire Account _____ **OR**
 Others (please specify) _____, being payment for the services provided by Fairmont Bab Al Bahr as per the attached statement/bill for (Name of The Guest) Mr./Mrs. _____ Arrival: _____
Departure: _____ . Confirmation #: _____

Type of credit card: **Visa** **MasterCard** **Amex** **Diners**

Credit Card No.:

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Expiry Date:

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Four Digit Security

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 Code

Billing Address	Deliver Address

Name of the Card Holder: _____

Signature of Card Holder: _____

Telephone Number of Card Holder: _____

Encl:

- **Clear Copy of both sides of credit card (To be attached)**
- **Clear copy of the positive picture ID (Preferable Passport Copy)**