

## **Hyatt Regency** Mumbai **Reservation Form**

Terrapinn Pte Ltd
14-Nov-16 to 16-Nov-16

	14-Nov-	-16 to 16-Nov-16		
Reservation Details				
Arrival Date:	Flight N	No:	Arrival Time:	
Departure Date:	Flight N	No:	Departure Time:	
Last Name (1):	First Na	ame:	Salutation:	
Last Name (2):	First Na	ame:	Salutation:	
Company:				
City:				
E-Mail address:	Teleph	one No:	Fax No:	
Please Reserve				
Room Type	Room Rate	No. of Rooms	No. of Adults/Children	
□ Hyatt Guest Room – King Bed	INR 10000 + 10% tax (single occ)			
□ Hyatt Guest Room – Twin Bed	INR 10000 + 10	% tax (double occ)		
<b>Rate Inclusions</b> : Breakfast & Intern	 eet – (Standard Package	)		
Preference:   Smoking	Non Smoking	□ King Size Bed	□ Two Single (Twin) Beds	
Loyalty Program:   Hyatt Gold Passport No   Frequent Flyer No. (Air line):				
Airport assistance: □ Pickup	□ Drop	□ Both		
A paging board displaying the hotel r individual paging at the airport.	าเลme would be present า	with the airport representation	ve on guest arrival. There will be no	
Special Requests:				
Reservation Guarantee				
Kindly guarantee the reservation	with a credit card.			
Card Holder Name:		Card Type: □ Visa	□ MasterCard □ Amex □ Diners	
Card No:		Expiry date:		
Signature:				
Terms & Conditions				
Incase of third party payments fo	*			
<b>e</b> ,	to be sent to the ho	tel by 15 October, 2016 vi	a scanned copy marked to the below	
<u>email address</u>				

- Incase of any cancellation kindly note that charges for entire stay will be applicable.
- Hotel check-in check-out time is 12 noon.

## Please complete one form for each attendee and return the form to Hyatt Reservations at

Fax Number: +91 (22) 6696 1235 Email: arkapriya.sinha@hyatt.com

Telephone Number: +91 (22) 6696-1401