



MENA Mining Congress 2015

06th – 07th October 2015

Reservation Request Form

Please complete and send by e-mail to dbi.grouppreservations@fairmont.com or fax to +971-4-311-8225 prior to **05th September 2015**

Date:

Guest Name:

Tel. Number:

Street Address:

Fax Number:

Email Address:

City:

Province/State/County:

Country:

Postal Code/Zip:

Arrival Date:

Arrival Time:

Flight #:

Departure Date:

Departure Time:

Flight #:

No. of Adults:

No. of Children:

Requested Room Type (please indicate):

☐
☐

Fairmont King Room Single @ **AED 999** per room per night

Fairmont King Room Double @ **AED 1099** net per room per night

NOTE: The above rates are inclusive of breakfast, Internet Access and subject to 10% service charge, 10% municipality fees and AED 20 "Tourism Dirham Fee" per room per night to be collected upon checking out.

Room Reference

Airport Pick Up (AED 300 inclusive taxes)

Airport Drop Off (AED 300 inclusive taxes)

Visa Required (AED 500 inclusive taxes per visa)

☐
☐
☐
☐

Smoking

YES

YES

YES

☐
☐
☐
☐

Non Smoking

NO

NO

NO

Special requests:

All reservation requires credit card details to guarantee the booking. Please complete the attached credit card authorization form and send us together with your passport copy/ valid ID to confirm your reservation.

Cancellation before **05th September 2015**, no charge applied for any cancelled reservation.

Cancellation on or after **05th September 2015**, Full charge of entire stay applied for any cancelled reservation.

No Show: Full Charge of entire stay applied. Early Departure: Full charge applied based on room night cancelled.

Check In: 3 pm Check Out: 12 noon. Kindly Pre book your rooms accordingly (if required)



CREDIT CARD AUTHORIZATION FORM

Fairmont Dubai
Accounts Department
PO Box 97555
Sheikh Zayed Road
Dubai, UAE

Today's Date: _____

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

☐ Room & Tax _____
☐ Entire Account _____ **OR**
☐ Others (please specify) _____, being payment for the services provided by The Fairmont Dubai as per the attached statement/bill for (Name of The Group) _____ Arrival: _____
Departure: _____

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

Delivery Address

Name of the Card Holder: _____

Signature of Card Holder: _____

Telephone Number of Card Holder: _____

Encl:

- **Clear copy of the positive picture ID (Preferable Passport Copy, UAE National ID showing the signature of the cardholder)**