



MONTEGO BAY, JAMAICA
ALL-INCLUSIVE

HOLIDAY INN GROUP RESERVATION REQUEST FORM

19th SALISES Conference: April 25-27, 2018

RESERVATION INFORMATION:

Group Name: 19th SALISES Conference
No. of Adults: _____
No. of Children (12 and under) ____ (Max. 2 kids per room free)
Arrival Date: _____
Flight #: _____
Arrival Time: _____ am/pm
Departure Date: _____
Check-in Time: 3:00 pm: Check-out Time: 11:00 am

SPECIAL HOTEL RATE: Rates are quoted in USD per night based on the All-inclusive plan. Room tax of US \$4 per night additional will apply. **Minimum length of stay: 3 nights.**

Room Category	Single/Double	Triple	Quad
Standard –Garden View Room	\$210	\$290	\$370
Superior-Ocean View Room <i>(subject to availability)</i>	\$223	\$303	\$383
Deluxe-Ocean Front Room <i>(subject to availability)</i>	\$242	\$322	\$402

NB: Maximum number of persons to each room is 4.
Room Type to Be Booked: _____

Special requests (this is based on availability):

- Single (1 person) Double (2 persons, King)
- Double/Double (2 beds, 2 persons)
- Triple (King Bed with Sofa or Two beds)
- Quad (King Bed with Sofa or Two beds)

Additional Requests: Please indicate below

***RATES VALID FOR STAY DURING THE PERIOD:
APRIL 24-27, 2018.**

**RESERVATION MUST BE MADE CONFIRMED AND
GUARANTEED BY: DECEMBER 13, 2017.**

**** Airport shuttle service is not included in the all-inclusive package.
However, taxis are available at the arrival lounge at the Sangster's
International Airport and the cost is approximately US\$ 35 per trip
one way. Note that additional charges may apply for extra baggage.**

GUEST NAMES AND CONTACT DETAILS

Ms. Mrs. Mr. Other _____

Full Name: _____

Full Name: _____

Title: _____

Company: _____

Address: _____

City: _____ State: _____

Country: _____ Zip Code: _____

Telephone: _____

Fax: _____ Email: _____

PAYMENT DETAILS:

All reservations must be guaranteed with a credit card and also for late arrival. The Holiday Inn Resort will provide confirmation within forty-eight (48) hours of receipt. Please note that one (1) night non-refundable deposit is required at the time of booking to guarantee reservation. Remaining nights will be collected at the time of check-in. **Original credit card must be presented at check-in.**

CREDIT CARD DETAILS:

American Express; Visa; Master Card; Discovery

Card Number: _____

Expiry Date: _____

Security Code: _____

Cardholder Name _____

Signature: _____ Date: _____

**Complete and send by email to groups@hiresortjamaica.com
Or fax to +1 876-940-8426**

Reservations in Jamaica: Toll Free 1-888-288-6006

Jamaica Office: 876-953-2485 – 6, reservations@hiresortjamaica.com