

Radisson BLU Hotel, Dubai Deira Creek
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HOTEL ROOM RESERVATION FORM
DRUG INFORMATION ASSOCIATION
December 04th – 07th, 2010

Guest name (as indicated in the passport).

Telephone number:

Fax number:

E-mail address:

Arrival date and time:

Departure date and time:

Please indicate single or double occupancy:

Single occupancy, AED 650++ Subject to 10% service charge and 10% Municipality tax

Double occupancy, AED 700++ Subject to 10% service charge and 10% Municipality tax

The room rates are per room per night

The room type is standard room and inclusive of breakfast

Special request: King size bed, Twin bed (2 single beds), Smoking room, Non smoking room

Guaranteed booking by: (please circle)

VISA AMEX MASTER / EURO DINERS

Cardholder name, if different from guest:

Credit card number:

Expiry date:

BOOKING POLICY

The rates mentioned above are available until **15th November 2010**. Bookings done after this date will be subject to availability and the rate will be the hotels best available rate. A written confirmation will be sent the booker within 1 working day after receiving the reservation.

The rooms will be charged upon reservation. If cancelled within the cancellation time, the same AED amount charged will be refunded the credit card.

CANCELLATION POLICY

Cancellation made on the **16th November 2010** will be charged the full stay. The same conditions applied with early departures and no shows.

GUEST ACKNOWLEDGEMENT

I hereby agree to the above mentioned booking policies and cancellation policies Guest's (card holders) signature:

Please return the completed reservations form by fax: +971 4 22 34 698 or by e-mail to:

reservations.dxbza@radissonblu.com