



THE ADDRESS
HOTELS - RESORTS

WHERE *life* HAPPENS

Booking Form

Life Care Health Consultancy FZCO Group
Wednesday 11 October 2017 to Saturday 14 October 2017
Address Boulevard Hotel

Please use CAPITAL letters and email to groups@theaddress.com

DEADLINE FOR HOTEL BOOKING: On or before 1st September 2017, there after all rooms will be released

Hotel Room Reservation Details

Last Name: _____ First Name: _____

Company: _____

E-mail (block letters please): : _____

Accompanying Person Details: (if sharing the same room only)

Last Name: _____ First Name: _____

Room Rate

Run of House Single Occupancy AED 1,535.00
Run of House Double Occupancy AED 1,630.00

The above room rates are per room per night inclusive of breakfast and 10% Service Charge, 10% Municipality Fee and subject to Tourism Dirham Fee of AED 20 per bedroom per night.

Check-in Date: _____ Check-out Date: _____

No. Of Rooms: _____ Single: _____ Double: _____

Please note that check in at all hotels is 1500 hrs and check out is 1200 hrs. Should you want your room to be available upon arrival, please reserve the room from the previous night

For visa applications, the visa charge is at AED 550.00 net per person. Kindly advise our central reservations at groups@theaddress.com should you need this service.

Hotel: Please note that hotel bookings are processed only if credit card details are provided. Should you not have a credit card, your room will be on request basis, and will be confirmed by the hotel only upon receipt of full payment. **Life Care Health Consultancy FZCO** will not be responsible if the hotel is unable to hold or cancels your room if credit card details are not received on or before **1st September 2017**. Once the form is received, the hotel will consider this as a confirmation of the booking and in case there is no show or a cancellation after this date, full length of stay will be charged.



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Credit Card Details

I agree that my credit card information will be forwarded to the hotel for guarantee purposes in case of cancellation or non-arrival.

Visa

Master

Amex

Card Number: _____.

Expiry Date: _____.

Name Of Cardholder: _____.

I have read and accepted the hotel room rates, hotel cancellation policy, and hotel booking process and visa information.

Date: _____ Signature of Cardholder: _____.

Flight Details

Arriving Flight No: _____ Date: _____ Time: _____.

Departure Flight No: _____ Date: _____ Time: _____.

Airport Transfer: YES: NO:

Our Hotel limousine can be arranged at AED 300.00 car per way. These rates are only applicable to and from Dubai International Airport and for a maximum of three guests in a car. (As per Dubai Transportation regulation, a maximum of 3 people can be accommodated in one car, and only up to two medium suitcases. Any additional car or taxi booked at the airport, or the hotel, will be at an additional fee charged directly).

Comments/ Special preferences (If any):