



## CARILEC CONFERENCE (March 10 – 15, 2018) HOTEL BOOKING FORM

<b>RESERVATION #</b>	<i>To be completed by hotel staff</i>		BLOCK CODE: <b>180308CARI</b>	CUT OFF DATE <b>March 1, 2018</b>	
ARRIVAL DATE * <i>DD/MM/YY</i>	FLIGHT # <i>Flight #</i>	FLIGHT TIME* <i>HH/mm</i>	DEPARTURE DATE <i>DD/MM/YY</i>	DEPARTURE TIME * <i>HH/mm</i>	
<b>GUEST NAME (S) *</b>  <b>SHARING WITH:</b>	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Mr. <input type="checkbox"/> Dr. <input type="checkbox"/> Other <i>Print Primary Guest Name Here</i>				
	<i>Print Sharing Guest(s) Name (s) Here</i>				
<b># OF GUESTS *</b>	<b>ADULTS:</b>	<i># of Adults</i>		<b>CHILDREN:</b> <i># of Children</i>	
Select room and bed type below by <b>ticking the appropriate boxes</b>	<b><u>ROOM TYPE</u></b>		<b><u>NIGHTLY RATE (US\$)</u></b>		
	ROOM TYPE/BED TYPE	SINGLE	DOUBLE	TRIPLE	QUAD
<input type="checkbox"/> DELUXE KING <input type="checkbox"/> DELUXE 2 DBLS	242.23	267.53	292.83	N/A	
<input type="checkbox"/> ROYAL DELUXE ROOM	300.42	325.72	N/A	N/A	
Royal Club guests enjoy access to the private club lounge with breakfast & cocktails served daily. <input type="checkbox"/>	<input type="checkbox"/> ROYAL ONE BEDROOM SUITE KING	406.68	431.98	N/A	N/A
<ul style="list-style-type: none"> <li>• <b>Room/Bed types will be booked based on availability</b></li> <li>• <b>Check In Time 3:00 pm</b></li> <li>• <b>Check Out Time 12 noon</b></li> </ul>	Rates above are per room per night and are inclusive of: <ul style="list-style-type: none"> <li>- Full buffet breakfast</li> <li>- Government Consumption Tax – 16.5%</li> <li>- Service Charge – 10%</li> <li>- Energy Surcharge – US\$8 &amp; Special Room Tax - US\$ 4</li> </ul> <b>Government Tax, Service Charge, Energy Surcharge, and Room tax are subject to change and may be increased without prior notice.</b> Maximum capacity of bedrooms is 3 persons Children under 2 years sharing with an adult stay free. <b>Maximum 1 child per room</b>				
<b>CONTACT INFORMATION*</b>	PHONE # <i>Print Phone # Here</i>		ADDRESS <i>Print Address Here</i>		
	FAX #				
	E-MAIL ADDRESS <i>Print E-Mail Address Here</i>				
<b>CREDIT CARD GUARANTEE</b>	TYPE*	CC NUMBER*		EXPIRY DATE**	
	<i>Card Type</i>	<i>Print Credit Card # Here</i>			
CARD HOLDER NAME			SIGNATURE		
<b>CANCELLATION POLICY</b>	All reservations must be guaranteed with first night's deposit to credit card and guaranteed for late arrival. <b>The Jamaica Pegasus Hotel</b> will provide confirmation within seven days of receipt. If at any time after the Booking Deadline ( <b>March 1, 2018</b> ) and up to 72 hours prior to arrival, the reservation should be cancelled or decreased in anyway, a late cancellation charge will be assessed amounting to one night's room revenue for each room cancelled. <b>If cancellation is made less than 72 hours</b> prior to arrival or "NO SHOW" then a charge equivalent to <b>two nights room revenue</b> will be assessed for each room cancelled. Guaranteed reservations are held until noon of the day following stated arrival date.				

**PLEASE COMPLETE ALL SECTIONS & RETURN BY FAX: 876-929-0593 OR E-MAIL [reservations@jamaicapegasus.com](mailto:reservations@jamaicapegasus.com)**

81 Knutsford Boulevard, Kingston 5, Jamaica West Indies  
Telephone: (876) 926 3690 Facsimile: (876) 929 0583

E-Mail: [info@jamaicapegasus.com](mailto:info@jamaicapegasus.com) / [reservations@jamaicapegasus.com](mailto:reservations@jamaicapegasus.com) Website: [HTTP://www.jamaicapegasus.com](http://www.jamaicapegasus.com)



TO: THE PEGASUS HOTEL

FROM: \_\_\_\_\_

RE: PAYMENT OF DEPOSIT BY CREDIT CARD FOR ACCOMMODATION  
**CARILEC CONFERENCE (March 10 – 15, 2018)**

I, \_\_\_\_\_, am authorizing, the **PEGASUS HOTEL**  
to charge my credit card, the amount of J\$/US\$ \_\_\_\_\_ which is the cost  
of the first night, for a booking from \_\_\_\_\_ to \_\_\_\_\_  
for guest(s) \_\_\_\_\_.

If the guests are unable to make this trip, I will cancel at least seven (7) days prior to the arrival date so that I will not incur any penalties.

Penalty for cancellation after March 7, 2018: **Two (2) Nights Room Charge**

**CREDIT CARD TYPE:** \_\_\_\_\_

**CREDIT CARD NUMBER:** \_\_\_\_\_

**EXPIRY DATE:** \_\_\_\_\_

**CARDHOLDER'S NAME:** \_\_\_\_\_

**CARDHOLDER'S SIGNATURE:** \_\_\_\_\_

**CARDHOLDER'S TEL. CONTACT:** \_\_\_\_\_

**CARDHOLDER'S CITY:** \_\_\_\_\_

**CARDHOLDER'S E-MAIL ADDRESS:** \_\_\_\_\_

*Completed form and supporting documents requested must be scanned and returned via e-mail with a copy (front and back) of the card and identification. Accepted forms of ID are: Driver's License or Passport.  
Faxed copies of these documents will **NOT** be processed.*

\_\_\_\_\_  
Signature