



Crowne Plaza Bahrain
P.O.Box: 5831, Manama, Kingdom of Bahrain.
Tel: +973 17531122
Fax: +973 17530154
Website: www.cp-bahrain.com

Social Insurance Diploma Program (Modules 2 &4)
April 22nd – May 3rd, Manama – Kingdom of Bahrain
HOTEL RESERVATION FORM

Please send this form to Reservations Department at the Crowne Plaza Bahrain, before:

Saturday, April 14, 2007

Fax number +973 17530154 or email to info@cp-bahrain.com

IMPORTANT: Please read the following information before completing this form:

- The special conference rate applies only for reservations made with this hotel reservation form.
- Reservations can only be confirmed with a credit card number with valid expiry date.
- Cancellations should be received 72 hours prior to the scheduled arrival, any cancellation after that or No Show on the day of arrival, one night room charge will be debited to your credit card.
- The number of rooms held for conference participants is limited. After **14th April 2007**, remaining rooms will be released and the conference rate will be subject to availability. **You are advised to book accommodation as early as possible.**

Family name: _____ First name: _____

Organisation: _____

Position in Organisation: _____

Address: _____

Country: _____ E mail: _____

Telephone: _____ Fax: _____

Room Rates (please tick):

Deluxe Single Room: BD 50.00 for single

Deluxe Double Room: BD 58.00 for double

Please note that above rates are subject to 15% service charge and 5% govt. Levy per room per night.
Breakfast is excluded from fee.

Arrival date:	Arrival time:
Departure date:	Departure Time:
Smoking	Flight Details
Airport Pickup Yes <input type="checkbox"/> No <input type="checkbox"/>	Airport Drop of Yes <input type="checkbox"/> No <input type="checkbox"/>

Hotel transport will be arranged at BD. 4/- per normal pick up

GUARANTEE:

Reservations can only be confirmed with a credit card number with valid expiry date.

VISA Mastercard American Express Diners Club

Card number: _____

Valid until: ____/____/____

Card holders name: _____

Signature: _____

Date: _____

Booked By: _____

Date: _____