



Crowne Plaza Bahrain
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Social Insurance Diploma Program (Modules 2 &4)
February 24th-March 6th, Manama – Kingdom of Bahrain
HOTEL RESERVATION FORM

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

Friday February 15th, 2008

Fax number +973 17530154 or email to rasool@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 **Feb 15th 2008**, 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 75.00

Deluxe Double Room: BD 85.00

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

Arrival date: _____	Arrival time: _____
Departure date: _____	Departure Time: _____
Smoking Yes <input type="checkbox"/> No <input type="checkbox"/>	Flight Details _____

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: _____