فندق الخليج - البحرين
THE GULF HOTEL
BAHRAIN

Mayo Clinic Cardiovascular Reviews in Bahrain
22-25 January 2014
RESERVATION FORM

Gulf Hotel Bahrain and the Gulf International Convention & Exhibition Centre (GICEC)
PO Box 580
Manama, Kingdom of Bahrain

Reservation Tel: (973) 17 746342/ 343
Reservation Fax: (973) 17 712088
Reservation Email: rgc@gulfhotelbahrain.com & rm@gulfhotelbahrain.com
Website: www.gulfhotelbahrain.com

Full Name (As indicated in the Passport)			
Spouse / Guest Name			
Arrival Date	/ / 2014	Departure Date	/ / 2014
Flight No.		Flight No.	
Arrival Time		Departure Time	
Group / Conference Name		***Mayo Clinic Cardiac Conference / BDF***	

Type of accommodation required *(Please tick the appropriate box)*

	Gulf Hotel (5 Star)			
Room Category	**Weekday rate**	**Weekend rate (Thurs.-Fri.)**	**Comments**	
Superior Single Room	BD 60++	BD 60++	room only	☐
Superior Double /Twin Room	BD 60++	BD 60++	room only	☐
Deluxe Single Room	BD 70++	BD 70++	includes breakfast in Al Waha	☐
Deluxe Double /Twin Room	BD 70++	BD 70++	incl. breakfast (1 guest only) in Al Waha	☐
Platinum Single Room	BD 100++	BD 85++	incl. breakfast in Platinum Lounge	☐
Platinum Double Room	BD 110++	BD 90++	incl. breakfast in Platinum Lounge	☐

- **All the above rates are subject to 15% service charge and 5% government**
- Check-in time 14:00 hrs. Check-out time is 12:00 hrs. Late check-out is subject to availability
- Your chosen room category is subject to availability at the time of booking

Breakfast required: BD 8.500++ per person per meal ☐ Yes ☐ No

Airport Pickup required: ☐ Yes ☐ No

Sharing (2-3 persons) BD 8.000 per person per way ☐

Limousine BD 12.000 per person per way ☐

Visa requirements: ☐ Yes ☐ No

If visa is required please contact Gulf Hotel reservations for assistance.

To guarantee your booking, please provide us with your credit card details.
In order to avoid No Show charges, cancellations should be advised a min. of 72 hours prior to arrival date. If cancelled within 72 hours a charge of one night will be levied.

Visa ☐ Master Card ☐ Amex ☐ Diners Club ☐

Credit Card No :	Expiry Date :

I hereby agree that if the booking is a **No Show, one night will be charged to my credit card.**

Signature Tel. No.: Fax No.