



British Colonial Hilton

Nassau

GROUP RESERVATION REQUEST FORM

GROUP NAME: International Yacht and Jet Show 2005
EVENT NAME: International Yacht and Jet Show 2005
PROGRAM DATES: April 14-18, 2005
 PLEASE FAX BACK TO HILTON RESERVATIONS AT 242-302-9009 or
 EMAIL nassaureservations@hiltoncaribbean.com

PREFERRED GROUP RATES

Hilton Guest Room \$155.00 Single / Double Occupancy, per room per night
 (Deluxe City View Bedroom)
Hilton Guest Room Plus \$175.00 Single / Double Occupancy, per room per night
 (Deluxe Ocean View Bedroom)
 *** Add \$40.00 for Executive Level Accommodations ***

Children under 18 years stay free in same room with parent or grandparent (maximum 2 children). Children under 5 eat all meals free. Children 5-12 years of age receive free breakfast and 50% discount on other meals with accompanying adults.

TAXES, GRATUITIES AND SURCHARGES

The following taxes, gratuities and surcharges apply, and are subject to change without notice.
 Government Tax 12% Beach & Pool Gratuity..... \$1.50 per person per day
 Maid Gratuity \$3.75 per person per day Bellman Gratuity..... \$5.40 per person (in / out)
 Energy Surcharge..... \$3.50 per person per day

DEPOSIT REQUIREMENT

Guests must guarantee their room reservation with a credit card that can be presented upon check-in to the hotel. Please provide details of the credit card to which you authorize British Colonial Hilton to hold against your room.

CUTOFF DATE

The British Colonial Hilton agrees to hold the full block of guestrooms until **April 1, 2005**, subject to review with our Front Office Manager. All blocked rooms remaining unreserved at the cut-off date shall be released for resale and delegate reservations accepted on a first-come first-serve basis, at the prevailing rack rate.

Please provide the following information. **Please complete one Reservation Request Form for each room you will be reserving.**

Arrival Date (MM/DD/YY): __ / __ / __ Departure Date (MM/DD/YY): __ / __ / __
 Room Type: Hilton Guest Room Hilton Guest Room Plus One-Bedroom

Suite

Guest 1: Last Name: _____ First Name: _____

Guest 2: Last Name: _____ First Name: _____

Guest 3: Last Name: _____ First Name: _____

Check In time begins at 3:00PM and Check Out time is 11:00AM

Billing Address:

City: _____ State: _____ Zip Code: _____

Country: _____ Tel: () _____ - _____ Fax: () _____ - _____

Credit Card Detail (Please note that this card must belong to one of the above-mentioned guests.)

Credit Card Type: _____ Credit Card Number: _____ - _____ - _____ - _____ Exp.

Date: __ / __

Authorized Signature: _____ E-mail: _____