

INDIA TOURISM DEVELOPMENT CORPORATION HOTEL SAMRAT ROOM RESERVATION FORM



Please fill and e-mail this form to Ms. Sheetal Sangalia at apricotreservation@gmail.com For enquiries, please call 011-23368137 or 011-23742616

DATE: RESERVA	ATION DE	IAILS		
Please note the taxes applicable: 10% luxury tax on the published rate, 2.5% Service Charge & 5.15% Service Tax		Please check [✓] to select		
Room Category (Standard/Superior)		Single	Double	
Room Rate includes Breakfast & WiFi		INR 6,500 []	INR 7,500 []	
Last Name:	First Na	First Name:		
Designation / Organization:	1			
Address:	Country	Country:		
Phone / Fax:	Email:	Email:		
Check-in Date:	Time:	Time:		
Check-Out Date:	Time:	Time:		
Passport No"	Place /	Place / Date Issue:		
Airport Transfer*: YES [] NO []	*Airport Trai	nsfer Cost: INR 1.500 (A	Airport-Hotel-Airport)	
Arrival Flight ETA:	Departu	Departure Flight ETD:		
Remarks:	•			
I/We authorize the Hotel to charge the following Cred	dit Card for:			
Credit Card Type:	Expiry D	Expiry Date:		
Credit Card No:				
Card Holder Name:	Copy of	Copy of Credit Card (Front & Back side)		
Signature of the Card Holder:				

Please Note:

- Please be informed that a room cancellation is free of charge if done by 15th Jan, 2012. Penalty charges for cancellation made after 15th Jan, 2012 is one night.
- All Reservations must be sent by email to the given details of Corporate Marketing Division not later than 01st January 2012
- All hotel bills will be settled directly by the guest.
- Check-in & check-out time is 1200 hrs (noon).