FOUR SEASONS HOTEL
Jakarta

HOTEL BOOKING FORM - MARITIME INDONESIA 2007
29 November 2007

IDENTIFICATION (Please type clearly)

FIRST TIME GUEST : ☐ YES ☐ NO ☐ Other Four Seasons Hotels | _____ |

GUEST NAME : NO. OF GUEST : | ___ |

- Mr/ Mrs/ Ms | _____ (First Name) | _____ (Middle Name) | _____ (Last Name) |

- Mr/ Mrs/ Ms | _____ (First Name) | _____ (Middle Name) | _____ (Last Name) |

INSTITUTION

Company Name | _____ | Job Title | _____ |

Mailing Address | _____ |

City | _____ | State | _____ | Postal Code | _____ | Country | _____ |

Country/ Area Code | _____ / _____ | Phone | _____ | Fax | _____ |

E-Mail Address | _____ |

ACCOMMODATION

ROOM TYPE : ☐ DELUXE ROOM ☐ CLUB DELUXE ROOM ○ Single ○ Double

☐ PREMIER ROOM ☐ CLUB PREMIER ROOM ○ Single ○ Double

Smoking Room ☐ Yes ☐ No

Special Request/ Preferences | _____ |

GROUP ROOM RATE ☐ **DELUXE ROOM at US$ 115 NET/ room/ night** (inclusive daily buffet breakfast for one person)

☐ **CLUB DELUXE ROOM at US$ 160 NET/ room/ night** (inclusive Executive Club access for one person)

☐ **PREMIER ROOM at US$ 160 NET/ room/ night** (inclusive daily buffet breakfast for one person)

☐ **CLUB PREMIER ROOM at US$ 190 NET/ room/ night** (inclusive Executive Club access for one person)

- Rate is inclusive of the applicable tax and service charge.
- Premier/ Club Premier room type is subject to availability
- The above room rate is valid for a period of stay between **26 November 2007** to **2 December 2007**.

Arrival Date | _____ | Flight Details | _____ | Arrival Time | _____ |

Departure Date | _____ | Flight Details | _____ | Arrival Time | _____ |

Check-in/ Check-out Time : Check-in time at 1 PM and check-out time at 12 Noon.

Transportation ☐ Limousine at US$ 46 + 10% tax ☐ Silver Bird Taxi at Rp. 170.000 + 10% tax (one way transfer)
(Airport – Hotel)

PAYMENT METHOD/ CREDIT CARD GUARANTEE

CREDIT CARD ☐ VISA ☐ MASTERCARD ☐ AMERICAN EXPRESS

Credit Card No. | _____ | **Expiry Date** | _____ |

Cancellation Policy
- **Guaranteed :** Since the reservation is guaranteed, if the reservation is cancel within 24 hours prior to the arrival date, one night cancellation fee will be charge.
- **Non Guaranteed :** The room will be released at 6 PM on the arrival date

Confirmation Letter to be send by : ☐ Fax No : | _____ | ☐ E-Mail to | _____ |

PLEASE SEND THIS RESERVATION FORM TO :

Reservation Department Fax No. (62-21) 252 6262 or via E-Mail to : reservations.jkt@fourseasons.com.

THANK YOU FOR THE RESERVATION AND WE LOOK FORWARD TO WELCOMING YOU TO THE FOUR SEASONS HOTEL JAKARTA

JALAN H.R. RASUNA SAID, JAKARTA 12920 INDONESIA
TEL: (62-21) 252 3456 FAX: (62-21) 252 0287 (D), 252 4480 www.fourseasons.com