



## ISEE 2008 NAIROBI

Please print and complete this Form, then return by fax or Email as scanned document to:  
**Hilton Nairobi, Groups & Conference Department, P.O. Box 30624 00100 Nairobi, Kenya.**

E-Mail: [caroline.owira@hilton.com](mailto:caroline.owira@hilton.com)

Telephone: +254 (20) 2790000 / **Fax: 254 (20) 2210990**

Mr./Mrs/Ms./Dr./Prof./Hon.

**Family Name:** \_\_\_\_\_

Address: \_\_\_\_\_

**First Name:** \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_

\_\_\_\_\_

Country: \_\_\_\_\_

\_\_\_\_\_

Fax: \_\_\_\_\_

Tel: \_\_\_\_\_

E-mail: \_\_\_\_\_

Room preference:  Smoking     Non Smoking     Special Requests: \_\_\_\_\_

**Arrival:** Arrival Date: \_\_\_\_\_

Arrival Airline: \_\_\_\_\_

Arrival Time: \_\_\_\_\_

Arrival Flight No: \_\_\_\_\_

**Departure:** Departure Date: \_\_\_\_\_

Departure Airline: \_\_\_\_\_

Departure Time: \_\_\_\_\_

Departure Flight No.: \_\_\_\_\_

### **Room Types:**

\$ 140 **Single**                       \$165**Double/Twin**

➤ Room rates are quoted in US\$ and are inclusive of Bed, Breakfast, Taxes, Service Charge and Return Airport Transfers.

➤ If a Double room is ticked above, then please specify:  Double Bedded    OR     Twin Bedded.

➤ *All requests are subject to availability.*

**\*\*\*Taxes are government controlled and are subject to change without notice relative to statutory policies.**

### **Early Arrivals:**

Kindly note that the check-in time is 12:00 noon. For guests arriving early morning and who wish to access their rooms before this time, they will be required to pre-book their rooms at the same rate from the night before.

### **Late CheckOut:**

Kindly note that the checkout time is 11:00am. However, guests who wish to have a late checkout will be subject to availability and the charge will be applied at 50% of the room rate.



## ISEE 2008 NAIROBI

### Early Departure Policy

Kindly note that in case of an Early Departure, prior to your reserved check out date, which is advised before 12 noon on the day prior to the new departure date (24 hours), there will not be any fees charged. However, a fee of 50% of the room rate will apply for an Early Departure which is advised anytime between 12 noon on the day prior to the new departure date and 12 noon on the new departure date. Early departures which are advised later than 12 noon on the new departure day, will be charged 100% of the room charge for one night. Kindly note that in case of an extension (later departure date than original booking) the room rate MAY change as of the day of extension.

### Room Pre-Payment:

- Participants must pre-pay their accommodation via credit card or US\$ wire transfer deposit for the full stay.
- Confirmations are subject to availability of rooms and on first come, first served basis.

### Cancellation Fees and No-show Policy:

- Any cancellation received prior to 15<sup>th</sup> July, 2008 will be accepted at no charge and will be fully refundable.
- Cancellations received after 15<sup>th</sup> July, 2008 will be fully charged, less any rooms resold.
- Any cancellations received within 24 hours of the booking requested or in case of a no-show, will be charged for all nights reserved and the deposit forfeited.

### Method of Pre-Payment:

I (we) wish to pay in advance by wire transfer. Please find below the hotel's wire transfer details.

<p>Account Title: <b>Hilton Nairobi Limited</b>  <b>Bank:</b> Commercial Bank of Africa  <b>Branch:</b> Wabera Street  <b>Address:</b> P.O. Box 30437, Nairobi, 00100  <b>Account no:</b> 0102830504  <b>S.W.I.F.T. Code:</b> CBAFKENX  <b>Cable Address:</b> "COMAFBANK"</p>	<p><b>PLEASE NOTE:</b>  Please be advised that when wiring funds there may be bank charges from both the sending (your) bank as well as the corresponding bank. Kindly find out what the charges will be so you can include these amounts in your wire amount to ensure the hotel receives the complete amount intended. The Commercial Bank of Africa levies no charges to receive funds.</p>
---	--

Please charge my credit card (*Minimum 6 nights charge*)

(Credit card prepayment form attached)

Please note that bookings before and after the Conference will be subject to availability.

**All bookings are subject to full Pre-Payment as agreed by ATPS**

I (we) have read and fully understand the reservation, pre-payment and cancellation policy stated above and agree to its terms and conditions.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR INTERNAL USE ONLY**

Confirmation Number: \_\_\_\_\_ Agent: \_\_\_\_\_ Date: \_\_\_\_\_



## ISEE 2008 NAIROBI

### Credit Card Payment Authorization Form

*Please complete all areas below. Incomplete requests may be rejected. This form must be received at least 5 business days prior to the Check-In, or by specified date in Event Contract, to ensure acceptance of the credit card to be charged.*

*Do not send completed form by email.*

#### HOTEL USE ONLY:

Authorized Amount:

Approval Code:

Date:

#### **CARDHOLDER - Please complete the following section and sign/date below.**

Guest / Group Name:

Check-In / Event Date:

Name of Person/Group Making Reservation: Phone:

Cardholder Name as it appears on Credit Card:

Cardholder Billing Address:

City:

State:

Postcode:

Daytime /Business Telephone:

Evening Telephone:

Credit Card Number:

Expiration Date:

Credit Card Type: (Circle one) Visa/MasterCard American Express Discover JCB Diners Club

Credit Card Issuing Bank Name:

Bank Phone Number (from back of your credit card):

I agree to cover the following categories of charges: (Please circle)

a)All Charges    b).Room & Tax    c)Food & Beverage    d)Retail    e).Recreation

I agree to cover the above categories of charges up to a Maximum Amount of Kshs \_\_\_\_\_

**DIRECT BILL ACCOUNT PAYMENTS ONLY:** (For direct billing customers paying by credit card)

Name on Invoice/Statement \_\_\_\_\_ Date on Invoice/Statement \_\_\_\_\_

Invoice/Statement Number \_\_\_\_\_ Authorized Amount Kshs. \_\_\_\_\_

**Note: Charges for room and tax, group deposits or direct bill account payments will be charged to your credit card immediately. Any incidental charges circled above will be charged at the time of checkout.**

Amount to be immediately charged to credit card for room and taxes or deposit: Kshs. \_\_\_\_\_

Final Balance Billed to Credit Card (hotel use only): Kshs. \_\_\_\_\_

By signing below, you authorize the hotel to charge your credit card immediately for the amount indicated above, up to the "Maximum Amount" indicated above. You further acknowledge that if "all charges" has been selected, then all guest/group related charges (less Deposit) will be charged to the above card number at the time of checkout or event conclusion.

Cardholder Signature:

Date: