| Reservation Request Form HAMAD MEDICAL CORPORATION 2019 Feb-20 | | | | | | | |
|---|----------------------|--------------------------------|------------------------|--|--|--|--|
| Confirmation needed: | Yes No | С | Date | | | | |
| Guest 1 Guest 2 Guest 3 Check-in Date Arrival Flight Details Check out Date | | Booker Company Phone Fax Email | | | | | |
| Departure Flight Details Room Type No of Rooms | Single Double Triple | Preferences | Smoking Non-smoking | | | | |
| No of Persons | Adults Children | | | | | | |

GROUP RATE

Qar. 200 Single Occupancy, Qar. 230 Double/Twin Occupancy

Above rates are quoted in Qatari Riyals and are net per room per night

Above rates include the following amenities for free:

- Buffet breakfast in our Atrium Restaurant
- Airport transfers
- Internet connection in the hotel room and lobby
- Coffee/Tea making facilities in the room
- Access to our Health Club: Outdoor swimming pool and Gym

Please note that Check-in time is at 15:00 hrs and Check out time is at 12:00 hrs.

- Before 06:00 hrs previous night will be charged
- Before 09:00 hrs half day will be charged
- Late check-out charges:
 - a) From 12:00 hrs 14:00 hrs is free of charge subject to availability.
 - b) From 14:01 hrs 18:00 hrs, 25% of the designated rate will be applied.
 - c) From 18:01 hrs 20:00 hrs, 50% of the designated rate will be applied.
 - d) After 20:01 hrs, full night rate will be charged.
 - e) Late check-out must be confirmed with the Front Desk atleast 24 hrs prior to check out and will be subject to availability.
- Since the hotel will not honor verbal cancellation to avoid inaccurate information, cancellation must be done in writing by fax or email.

| Cancellation and No Show Poli | | | | | | |
|--|--|---|--|--|--|--|
| | prior to arrival, no charges will be made. | | | | | |
| Cancellation made 29 - 15 d | ays prior to arrival, 25% from the expected revenu | ue will be charged. | | | | |
| • Cancellation made 14 - 07 de | ays prior to arrival, 50% from the expected revenu | ue will be charged. | | | | |
| • Cancellation made 06 days | prior to arrival, full amount of stay will be charged | d. | | | | |
| Incase of No show, Arrival late | er or Leave earlier than indicated in the reservation | ion, the total accommodation | | | | |
| amount will be charged and n | o refunds can be made. | | | | | |
| Tourist Visa Request | | | | | | |
| • Guest/s are advise to contact | ct directly our Reservations Department for assista | ance: | | | | |
| Contact | Ms. Cheriline Hernandez | neriline Hernandez | | | | |
| Phone | 00974 4422 1122 / 121 / 133 | | | | | |
| Fax | 00974 4431 5277 | | | | | |
| Email | reservations@plazainn.com.qa; res@plazainn.co | | | | | |
| <u>Restaurants</u> | | | | | | |
| The Atrium Restaurant | All day dining serving interr | All day dining serving international cuisine which is available for | | | | |
| (25% discount) | Buffet Breakfast, Buffet Lund | ch, Buffet Dinner. Our Room Service is | | | | |
| | also available daily 24 hrs. | also available daily 24 hrs. | | | | |
| The Bollywood Restaurant | An excitement conceptual | An excitement conceptual scene bringing you the latest in Movies, Music, and Indian Food served in ala carte. | | | | |
| (25% discount) | Music, and Indian Food ser | | | | | |
| | Also servina Business Lunch | Also serving Business Lunch @ Qar 39 only! | | | | |
| | 3 Course Set Menu | , | | | | |
| | | From Saturday - Thursday, 12:00 nn to 4:00pm | | | | |
| The Lobby Lounge | ounge serving you the signature Cocktails, | | | | | |
| Snacks and other beverages. | | | | | | |
| | Credit Card Autho | orization | | | | |
| ı | (full name) the undersigned with the following | u passport number | | | | |
| volur | (1011 harne) the oridesigned with the following ntarily and unequivocally authorize Plaza Inn Doh | • | | | | |
| my credit card (details below): | | ia io debii | | | | |
| Guest Name/s | | | | | | |
| Guesi Name/s | | | | | | |
| Room inclusive of breakfast ch | arges | | | | | |
| Room + Breakfast + Lunch (Hal- | f Board) | | | | | |
| Room + Breakfast + Lunch + Dir | nner (Full Board) | | | | | |
| NOOM BIOGRAPH EDITOR BI | la como a Maria a coma d'Arra coma la completa de l'Arra de Cara de la completa de l'Arra de la completa de l' | e service. | | | | |
| | harge the credit card number listed for the above | | | | | |
| I authorize Plaza Inn Doha to ch | | | | | | |
| I authorize Plaza Inn Doha to cl | AMEX | | | | | |
| I authorize Plaza Inn Doha to cl | | | | | | |
| I authorize Plaza Inn Doha to cl Type of credit card | AMEX MASTER | | | | | |
| I authorize Plaza Inn Doha to cl Type of credit card Credit card number | AMEX MASTER | Expiry date | | | | |
| I authorize Plaza Inn Doha to cl Type of credit card | AMEX MASTER | Expiry date Four digit security Signature | | | | |

After filling up this form, please send it back to the Reservations Department to confirm your booking request:

Email Fax

Reservations Department

reservations@plazainn.com.qa or eden@plazainn.com.qa 00974 4431 5277 Phone 00974 44221133 / 22

Hotel Confirmation No

