



AL BUSTAN PALACE
A RITZ-CARLTON HOTEL

Al Bustan Palace A Ritz Carlton Hotel

Group Reservation Form

Event Name: SANS Oman Institute

Event date: 13th December to 19th December.

GUEST NAME		ARRIVAL DATE	DEPARTURE DATE
TITLE: <input type="checkbox"/> Mr. <input type="checkbox"/> Ms <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr		Estimated Arrival Time	Estimated Arrival Time
COMPANY NAME		FAX NUMBER / EMAIL ADDRESS	
HOTEL TRANSFER SERVICE: <input type="checkbox"/> Airport - Hotel <input type="checkbox"/> Hotel - Airport <input type="checkbox"/> Round Trip Airport Transfer @ 40.000 OMR per person per way.			
ARRIVAL FLIGHT		DEPARTURE FLIGHT	
Arrival time:		Departure time:	
ROOM REQUEST No of Rooms: _____	ROOM CATEGORY <ul style="list-style-type: none"> <input type="checkbox"/> Deluxe Mountain view Single room at RO. 110.00 + 17% service charge and tax with buffet breakfast <input type="checkbox"/> Deluxe Mountain View Double room RO. 120.00 + 17% service with buffet breakfast. <input type="checkbox"/> Deluxe Garden view Single room at RO. 120.00 + 17% service charge and tax with buffet breakfast <input type="checkbox"/> Deluxe Garden View Double room RO. 130.00 + 17% service with buffet breakfast. <input type="checkbox"/> Deluxe Sea view Single room at RO. 130.00 + 17% service charge and tax with buffet breakfast <input type="checkbox"/> Deluxe Sea View Double room at RO. 140.00 + 17% service with buffet breakfast. <input type="checkbox"/> Bustan Lagoon Acces Single room at RO. 140.00 + 17% service charge and tax with buffet breakfast <input type="checkbox"/> Bustan Lagoon Access Double room RO. 150.00 + 17% service with buffet breakfast. 		Special Preference <ul style="list-style-type: none"> <input type="checkbox"/> Non-smoking <input type="checkbox"/> Smoking <input type="checkbox"/> Twin-bedded Room <input type="checkbox"/> King size-bed Room Special requests:- _____
I/ WE AGREE TO GURANTEE THIS RESERVATION BY CREDIT CARD mentioned below: <input type="checkbox"/> AMEX <input type="checkbox"/> DINERS <input type="checkbox"/> MASTER <input type="checkbox"/> VISA Card No: _____ Expiry date _____			
To protect your privacy, the most secure method to provide us with your payment information is via fax or phone. Please do not send confidential payment information through email. Our contact information: Phone: +9682479 9666. Fax: +96824706300. Cell : +96892858520			

TERMS AND CONDITONS

In the event of any cancellation within thirty (30) days prior to arrival date or no-show on the scheduled arrival day, Two (2) nights's room rental will be charged to the credit card holder.

Confirmation of room reservation is subject to Hotel availability upon making reservation and credit card guarantee.

Please complete and return this form to our groups coordinator on or before _____

Via fax No: +968 24 706300. For more information or any other help please contact our group coordinator on

Groupcoord.albustan@ritzcarlton.com

FOR HOTEL USE ONLY

Confirmation Number: _____ Confirmed by: _____ Date: _____

Remarks: _____

Al Bustan Palace Hotel P.O. Box 1998, Postal Code 114, Muttrah, Sultanate of Oman

Tel (968) 24 799 666, Fax (968) 24 706300

www.Albustanpalace.com