

THE HOLIDAY INN GROUP RESERVATION REQUEST FORM FOR INDIVIDUALS

RESERVATION INFORMATION:

Group Name: First Global Bank Group
 No. of Adults: _____
 No. of Children (12 and under) _____
 Arrival Date: _____
 Flight #: _____
 Arrival Time: _____ am/pm
 Departure Date: _____
Check-in Time: 3:00 pm; Check-out Time: 11:00 am

SPECIAL HOTEL RATE: Rates are quoted per night based on the all-inclusive plan

Room Category	Single	Double	Triple	Quad
Standard-Island/Resort View	\$122.00	\$152.00	\$227.00	\$302.00
Superior-Partial Ocean View	\$130.00	\$160.00	\$235.00	\$310.00
Deluxe-Ocean Front Room	\$139.00	\$170.00	\$245.00	\$320.00

Room Type to Be Booked: _____

Special requests (this is based on availability):

Smoking Non-Smoking
 Single (1 person) Double (2 persons, King)
 Double/Double (2 beds, 2 persons)
 Triple (King Bed with Sofa or Two beds)
 Quad (King Bed with Sofa or Two beds)

Additional Requests: Please indicate below

Please provide round trip airport transfer at US\$ 20 per person

***RATES VALID FOR STAY DURING THE PERIOD:**

MAY 30-JUNE 7, 2010

RESERVATION MUST BE MADE CONFIRMED AND GUARANTEED BY: MAY 1, 2010

GUEST NAMES AND CONTACT DETAILS

Ms. Mrs. Mr. Other _____
 Full Name: _____
 Full Name: _____
 Title: _____
 Company: _____
 Address: _____
 City: _____ State: _____
 Country: _____ Zip Code: _____
 Telephone: _____
 Fax: _____ Email: _____

PAYMENT DETAILS:

All reservations must be guaranteed with a credit card and also for late arrival. The Holiday Inn SunSpree will provide confirmation within forty-eight (48) hours of receipt. Please note that one (1) night non-refundable deposit is required on or before May 1, 2010 to guarantee reservation. Remaining nights must be paid on or before arrival. Deposits will be forfeited entirely if cancellation is not made 21 days prior to the group arrival date. **Original credit card must be presented at check-in.**
CREDIT CARD DETAILS:

American Express; Visa; Master Card Discovery

Card Number: _____
 Expiry Date: _____
 Cardholder Name _____
 Signature: _____ Date: _____

OR

by Direct Deposit in the name of "East Bay Management Co."
 JMD A/C #: 291009786 or USD A/C #: 294010041
National Commercial Bank Ltd, Baywest Branch
(Fax copy of receipt with reservation form)

Please attach a copy of back and front of the credit card and a valid Photo I.D, send it by fax or email to reservations@hiresortjamaica.com Or fax to +1 876-940-8426
 Reservations in Jamaica: Toll Free 1-888-288-6006
 Jamaica Office: 876-940-8452 – 56, sales1@hiresortjamaica.com