

FOUR SEASONS HOTEL

Doha

GUEST ROOM RESERVATION FORM

FT AFC FUTURE OF FOOTBALL SUMMI October 23 -26 2016

Please return this form fully completed by **Sunday 02 October 2016** to: Four Seasons Hotel Doha, Reservations Office

Facsimile: +974 4494 8222 or e-mail reservations.doh@fourseasons.com

GUEST – ROOM RATE

GROUP EVENT NAME: FT AFC FUTURE OF FOOTBALL SUMMI

Room Type	Single Rate	Double Rate
Run of House	QAR 1,100	QAR 1,200
Four Seasons Executive Suite	QAR 2,400	QAR 2,500

- Please note that the above rates are quoted per room, per night and are quoted on Bed and Breakfat basis
 including premium internet access.
- Breakfast supplement is QAR 100 per person
- Above group rates are NET and in Qatari Riyals (QAR). Currently no service charge or taxes are applicable; however, this is subject to change according to the prevailing government law without prior notice.

PERSONAL DETAILS								
Guest Name (Passport):				Telephone/ Fax:				
Title (Mr./Mrs./Ms./Dr):				Email:				
Designation:				Company Name:				
Address:								
Postal code:				Zip Code:				
Nationality:				Passport Number:				
		ROOM RE	QUIRE	MENTS				
Arrival Date:				Departure Date:				
Special Request:								
Room Preference:		☐ Non Smoking	g					
ARRIVAL & TRANSPORTATION DETAILS								
Flight Number:			Flight A	rrival Time:				
Transportation Request:	□ YES □ 1	ON	Visa Ass	istance:	☐ YES	□ NO		
*** 11.11					CC D1411			

We highly recommend that you arrange airport transfers prior to your arrival in Doha. We offer BMW 7-series limousines at the rate of QAR 295 each way.

Signature: Date:

¹ Please note that after the hotel booking deadline 2016-09-05; Four Seasons Hotel Doha will not be able to guarantee availability and reservations will be made subject to availability.

² Any cancellations made within 24 Hours days prior to arrival will be charged for a minimum of stay of 1 night(s) to the guest credit card. Subsequently no show(s) will be charged for a minimum stay of 1 night(s).

³ Should you be requiring Visa Assistance kindly read below. If not kindly sign and send back the first page only of this document.



CREDIT CARD AUTHORIZATION

I hereby authorise The Four	Seasons Hotel Doha to ch	arge my credit card as specifie	ed below:	
Please Circle the Appropria	te Credit Card Type :	American Express Visa Card Master Card Diners Club JCB Card		
Credit Card Number:		exp:		
Credit Card Holder:	Prin	t name		
	Sig	nature		
Specific types of charges, w	hich my credit card may b	e used, are (please circle):		
All Charges	Room & Tax	Food and Beverage	Banquet	
Other Charges (please speci	fy):		_	
WHERE TO SEND THE	COPIES OF THE BILLS	S:		
Name / Company:				
Address:			_	
City & Postcode:			_	
Phone Number:			_	
Fax Number:				

A LEGIBLE PHOTOCOPY OF THE FRONT OF THE CREDIT CARD IS MANDATORY TO AUTHORISE APPROVAL



VISA APPLICATION FORM

						-				
Full Name (Passpor	t)			(Gender		☐ Male	e	☐ Female	
Nationality				I	Profession					
Place of Birth					Oate of Birth dd/mm/yy)					
Passport & Contac	t Details									
Passport #				I	Email					
Expiry Date				7	elephone					
Place of issue				I	ax					
Arrival and Depar	ture Informati	on								
Arrival Date					Arrival Time	; T				
(dd/mm/yy)					(24 hrs)					
Depart. Date					Departure Ti	me				
(dd/mm/yy)					(24 hrs)					_
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