

HOTEL RESERVATION FORM

Attn.: RESERVATION DEPARTMENT

Sarova Whitesands Hotel Telephone: + 254 719 022 000

Mombasa Kenya

16 to 18 November 2016 Intermodal Africa 2016 Mombasa

Arrival Date:		ht No.:	Arrival	Arrival Time:		
Departure Date:	Flight No.: _		Departure Time:			
Please book Airport pick-up and	d charge to m	y account at	t a cost of Kshs. 2,30	00 one way	(tick box)	
Daily Room Rate Including I	Breakfast & 1	Dinner:				
Single Standard Room at Kshs. 9,8 Single Palm Room at Kshs. 13 Single Seafront Room at Kshs. 14 Spouse Supplement Kshs. 4, Room rate applicable from 13th to 21st Novem			800 per night 800 per night 00 per night			
No. of Rooms:						
<i>7</i> 1	ıble Bed note that all 1		n Bed subject to availabilit	-y		
Name:	Posit.		n:Organization		rganization:	
Tel:						
E-mail:	Facsimile:					
ROOM RESERVATION IS	TO BE GUA	RANTEE	D BY CREDIT C	ARD		
Credit Card Type:	MasterCard	Visa	AMEX	Dine	rs Club	
PLEASE USE BLOCK LETTI	ERS					
Cardholder's Name:			Expiry Date:	/	_	
Card No.:						
SIGNATURE:			DATE: _			

- Cancellation Charges: Within 2-14 days 33%, Within 2 days or less 100%
- Please note that check in time is 12 00pm and check out time is 11 00am

SEND THIS FORM ONLY TO WHITESANDS HOTEL

E-MAIL: reservations4@sarovahotels.com or johny.mbwana@sarovahotels.com CONTACT PERSON: Johny Mbwana