



Radisson Aquatica Resort Barbados
Aquatic Gap, Carlisle Bay
St. Michael, Barbados

GROUP HOTEL – RESERVATION FORM

Group Name: ITU Regional Costing Workshop

Meeting Dates: May 24-28, 2020

Group Code: **ITURCW**

Last Name: _____ First Name: _____

Arrival Date: _____ Arrival Time: _____

Departure Date: _____ Departure Time: _____

Address: _____

Address: _____

Telephone No.: _____

Email Address: _____

Special Rates:

_____ US \$166.80 per night, inclusive of 10% VAT and 10% Service Charge, based on **Single/Double** Occupancy for Run of House Rooms

_____ US \$191.80 per night, inclusive of 10% VAT and 10% Service Charge, based on **Single Occupancy** for Run of House Rooms; inclusive of buffet breakfast.

Note*

A mandatory Government Levy of US \$9.72/BDS \$19.25 per room, per night will apply to all rooms

Rates include complimentary Wi-Fi property wide; 2 bottles of water daily

Please print neatly in blue/black ink and return to:

Radisson Aquatica Resort Barbados – Reservations Department.

Email: reservations@aquaticabarbados.com / groups@aquaticabarbados.com

For more information, please call 1 246 426 4000 Ext. 5060 / 5095

***** Confirmation is subject to availability at the time of booking.**



CREDIT CARD AUTHORIZATION

Aquatic Gap, Carlisle Bay, P. O Box 639, Barbados, West Indies
Phone: (246) 426-4000 Fax: (246) 429-2400

This form states that you are allowing third party expenses to be charged to your credit card. Please provide all the information requested below to ensure prompt processing of your application. We ask you to please sign and date the form before submission. Please fax the completed form to the **Radisson Aquatica Resort Barbados** at **(246) 429-2400**.

Cardholder Information:

Name as it appears on the credit card:					
Card type:	<input type="checkbox"/> Visa	<input type="checkbox"/> MC	<input type="checkbox"/> Amex		
Account type:	<input type="checkbox"/> Individual (personal credit card)				
	<input type="checkbox"/> Corporate	Company Name:			
Account number:				Exp. date:	
Billing Address: (where statement is mailed)					
City, State and Zip:					
Phone number:			Fax or alternate number:		

Guest Information:

Guest name:					
Company:					
Phone number:			Fax or alternate number:		
Confirmation number:					
Arrival date:			Departure date:		
Relation to cardholder:	<input type="checkbox"/> Relative	<input type="checkbox"/> Friend	<input type="checkbox"/> Business Associate	<input type="checkbox"/> Other:	

Rate Information and Approved Charges:

Room rate:*		Taxes:*		Total daily rate:*		Number of nights:	
*(Rate and tax amount must be provided by a hotel representative in order to complete this form)							
<input type="checkbox"/> All Charges	<input type="checkbox"/> Room & Tax Only	<input type="checkbox"/> Telephone (LD)	<input type="checkbox"/> Telephone (Local)	<input type="checkbox"/> Restaurant/Room Service			
<input type="checkbox"/> Valet (Laundry)		<input type="checkbox"/> Other					

I certify that all information is complete and accurate. I hereby authorize the **Grand Hotel Limited** trading as **Radisson Aquatica Resort Barbados** to collect payment for all charges as indicated in the Rate Information and Approved Charges section of this form by processing a charge to the credit card listed above. Charges must not exceed _____ for the entire stay/event. I understand that a new form will have to be completed if guest wishes to extend his/her stay. I certify that I am the authorized signer of the credit card listed above.

Cardholder name: (Printed)			
Cardholder signature:		Date:	

Authorization for these charges will be obtained at Check-in. In the event we are unable to obtain approval for these charges, we will require an alternate form of payment. Your cooperation and understanding is appreciated.

The above credit card is being used as a guarantee and payment method for each of the names provided on this form.

Must include a legible photocopy front and back of the credit card and picture ID.