

PLEASE PRINT AND FAX THIS FORM TO NO. +97317460008 or E-mail to hotel.bahrain.reservation@movenpick.com

Family Name		First Name		Title
Company Name				
Telephone No.	Mobile No.	Fax No.	Email	
Check In:		Check Out:		

Room Rates:

- ☐ Bed & Breakfast Single Superior Room @ BHD 45+++ per room per night
- ☐ Bed & Breakfast Double/ Twin Superior Room @ BHD 55+++ per room per night

***Rates are subject to 10% service charge, 5% government levy and 10% government levy*

Total number of: Adult/s _____ Children _____

Airport Transfer at BD3 Net, Per Person Per way

Airport Pick Up	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Airport Drop Off	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Flight No.:	ETA:	ETD:
Car Type:	<input type="checkbox"/> Limousine	<input type="checkbox"/> Taxi

Additional Request:

Type of Bed	<input type="checkbox"/> King Bed	<input type="checkbox"/> Twin Bed
Handicap Room	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Smoking	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other Request:		

Method of Payment:

<input type="checkbox"/> Credit Card		<input type="checkbox"/> Other (Cash Deposit)
Credit Card Type :	Credit Card Number:	Expiry Date:

PAYMENT: ALL GUESTS ARE REQUIRED TO SETTLE THEIR BILLS UPON CHECK-OUT.

NOTE: ALL RESERVATION FORM SHOULD BE FORWARDED TO THE RESERVATION DEPARTMENT LATEST BY 2 WEEKS BEFORE THE ARRIVAL DATE.

To be filled up by the Hotel:

MIP1	
MIP2	
MIP3	