



# Hotel Booking Form

**October 26 – 29, 2009, Kingston, Jamaica**

### HOTEL BOOKING INSTRUCTIONS

- Print or type and complete all sections of the booking form.
- Photocopy the booking form as needed.
- If booking multiple roommates, you must submit all booking forms together.
- Attendees must submit a registration form in order to make hotel reservations using the official CONECAR 2007Hotel Booking Form.

### PAYMENT

A deposit of one night's room and tax must accompany all reservations for arrival. The deposit will be applied to the guest's first and last night's stay. All cancellations, no-shows, or early departure without a 72-hour advance notice will result in the forfeiture of the deposit.

**Registration Number:** \_\_\_\_\_

Make International Money Orders payable to either: **JAMAICA PEGASUS, SPRINGBURN HOUSE or SHIRLEY RETREAT HOTEL**

### METHODS OF BOOKING

Select one of the following methods to book at the hotel:

- **By Fax.** If you are paying with a credit card, complete the booking form and fax it.
- **By Mail.** Send your completed booking form with one night's deposit to hotel of your choice.
- **In Person On-Site.** Please register at the Front Desk of the Hotel upon check-in.

### QUESTIONS

If you have any questions regarding housing – Call the Hotel of your choice.

### STEP ONE: HOTEL BOOKING (Please type or write in BLOCK LETTERS)

TITLE: (Please circle as appropriate) Bishop Apostle Rev Dr Pastor Mr Mrs. Miss  Male  Female

FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_ EMAIL \_\_\_\_\_

### STEP TWO: HOTEL ACCOMMODATION

Please select your accommodation from the following choices. Those staying at the hotel are asked to fill out the enclosed **HOTEL BOOKING FORM**, and send it directly to the hotel with one night's deposit to confirm booking.

**Reservation Confirmation Number:** \_\_\_\_\_

### Accommodation Fees (all costs are US \$ PER ROOM, PER NIGHT)

Hotel	Single	Double	Triple
<b>Jamaica Pegasus</b> 81 Knutsford Boulevard, Kingston 5, Jamaica 1 [876] 926-5706; Fax: 1 [876] 929-5855 eMail at: <a href="mailto:jmpegasus@cwjamaica.com">jmpegasus@cwjamaica.com</a>	140.00	150.00	N.A.
<b>Springburn House</b> 1 Springburn Ave. Kingston 19, Jamaica 1 [876] 755-4742; Fax: 1 [876] 905-3779 eMail: <a href="mailto:springburnhouse@yahoo.com">springburnhouse@yahoo.com</a>	48.00	54.00	61.00
<b>Shirley Retreat Hotel</b> 7 Maeven Ave., Kingston 10, Jamaica 1 [876] 927-9208; 946-2679;946-2680	90.00	100.00	110.00

**Arranging own accommodation**

Persons from outside Kingston and Jamaica who are arranging their own accommodation will need to arrange their own airport transfers as well.

\* **Hotel prices include bed, breakfast, taxes, and service charges from Monday night through Friday Morning.**

**Amount enclosed by International Money Order or Cheque drawn on a US Bank: US \$** \_\_\_\_\_  
Hotel charges are to be paid to the Hotel of your choice and **NOT** to CONECAR's Registrar. Participants are responsible for all bills incurred at the hotel. Please use the **HOTEL BOOKING FORM** to register directly with the hotel. **A one night's deposit MUST be paid to the Pegasus and 50% to Shirley Retreat Hotel and Springburn House** on or before **OCTOBER 5, 2009**. **CONECAR is NOT responsible for making hotel bookings.**

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**STEP THREE: MEALS, HEALTH**

**Are there any dietary requirements?** Please indicate: \_\_\_\_\_

Do you suffer from any illness, allergies, etc.?  Yes  No

If yes, please explain \_\_\_\_\_

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**STEP FOUR: ROOMMATES INFORMATION**

**1.** Reservation Confirmation Number: \_\_\_\_\_

FIRST NAME

LAST NAME

MAILING ADDRESS: \_\_\_\_\_

**2.** Reservation Confirmation Number: \_\_\_\_\_

FIRST NAME

LAST NAME

MAILING ADDRESS: \_\_\_\_\_

Please check with this person (these persons) and ensure that he/she/they are willing to share room with you, and put your name on their Hotel Booking Form(s).

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**STEP FIVE: METHOD OF PAYMENT**

\_\_\_\_\_ Cheque/ International Money Order (enclosed payable to: (Name of Hotel) in US Funds) \_\_\_\_\_ Credit Card

Name as it appears on Credit Card: \_\_\_\_\_

Type of Credit Card: \_\_\_\_\_ Credit Card Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_

**DO NOT SEND CASH THROUGH THE MAIL PLEASE**

**DO NOT SEND THIS FORM OR MONEY FOR HOTEL RESERVATIONS TO THE CONECAR OFFICE**

**DEADLINE FOR ROOM RESERVATION & DISCOUNTED RATES AT THE HOTEL IS SEPTEMBER 30, 2009.  
CONECAR 2009 does not assume responsibility for any unpaid bills**

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**STEP SIX: POLICIES**

- **Changes to Existing Reservations**  
Changes to your existing reservation can be made by contacting the Hotel of your choice.
- **Cancellation Policy**  
To avoid a one night's room and tax charge, cancellations must be made at least **72 hours** prior to your scheduled arrival date. **VERY IMPORTANT:** If you do not arrive on the first night of your reservation, your entire reservation will be cancelled, and you will be charged for one night's room and tax. **Also, upon check-in at the hotel, you must notify them of any change in your scheduled departure or you may be charge an early departure fee.**

Signature of Registrant \_\_\_\_\_ Date \_\_\_\_\_