Century Park Hotel

BOOKING FORM

FREE LINGUISTICS CONFERENCE 2015 (FLC 2015)

DATE OF EVENT: SEPTEMBER 24-26, 2015

Century Park Hotel
599 Pablo Ocampo Street, Malate, Manila, Philippines

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Instruction: Please complete this form and email to sales8@centurypark.com.ph

First (Given) Name	
Last (Family) Name	
Title	
Position	□ Prof. □ Assoc. Prof. □ Dr. □ Mr. □ Ms.
Organization / University / Institution	
Country	
Address	
Phone & Fax	
Email Address	

ROOM ACCOMMODATION

ROOM RATES INCLUSIVE OF BUFFET BREAKFAST

Room Type	Single / Twin	Triple
Classic Superior	( ) Php4,500.00 net/room/night	( ) Php5,500.00 net/room/night
New Deluxe (Fully renovated)	( ) Php5,500.00 net/room/night	
Check-In Date:	Check-Out Date:	

( ) Smoking room ( ) Non-smoking room

***Above rates are inclusive of 10% service charge and applicable government tax. Any increase in the prevailing service charge or other taxes legislated or mandated by law would be added to the net rates quoted above.

TRAVEL SCHEDULE

Should you require airport transfers, kindly advise us of your flight details for us to make the necessary transportation requests. ( ) Php750.00 net/car/way (maximum of three persons) ( ) Php1,500.00 net/car/way (maximum of six persons)	( ) Requested ( ) Not requested Arrival: DATE / TIME / FLIGHT NUMBER _____ ( ) Requested ( ) Not requested Departure: DATE / TIME / FLIGHT NUMBER _____

CANCELLATION / NO - SHOW / REVISION

- **PLEASE** be informed that we require all arrival guests to be guaranteed by a valid credit card with its card type, number and validity. PLEASE be advised that the hotel reserves the right to automatically charge your booking to the credit card provided upon guarantee of room blocking.
- **CANCELLATION** and **REVISIONS** will only be accepted by the hotel if made by the **authorized signatory** of the company and **shall be made in writing**.
- **No-shows and cancellations** on the arrival date shall be charged for the whole duration of the stay.

Credit Card Details:
(The details that will be provided will be used to guarantee the booking)

Name of Card Holder: _____

Type of Card: _____

Card Number: _____

Expiry Date: _____

Signature: …….…… Date: ……..……..……

*** Please complete this registration form and send to sales8@centurypark.com.ph on or before **September 10, 2015**.

Thank you very much!

We are looking forward to be of service to you.

Should you have further queries and / or requests, please feel free to email me.