



## LIONS MID YEAR CONFERENCE 2019

### HOTEL BOOKING FORM (October 28 – November 4, 2019)

<b>RESERVATION #</b>	<i>To be completed by hotel staff</i>		BLOCK CODE: <b>191028LION</b>	CUT OFF DATE <b>October 1, 2019</b>	
ARRIVAL DATE * <i>DD/MM/YY</i>	FLIGHT # <i>Flight #</i>	FLIGHT TIME* <i>HH/mm</i>	DEPARTURE DATE <i>DD/MM/YY</i>	DEPARTURE TIME * <i>HH/mm</i>	
<b>GUEST NAME (S) *</b>	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Mr. <input type="checkbox"/> Dr. <input type="checkbox"/> Other <i>Print Primary Guest Name Here</i>				
	<b>SHARING WITH:</b> <i>Print Sharing Guest(s) Name (s) Here</i>				
<b># OF GUESTS *</b>	<b>ADULTS:</b>	<i># of Adults</i>	<b>CHILDREN:</b>	<i># of Children</i>	
<b>Select room and bed type below by <span style="color: red;">ticking the appropriate boxes</span></b>	<b><u>ROOM TYPE</u></b>			<b><u>NIGHTLY RATE (US\$)</u></b>	
	<b>ROOM TYPE/BED TYPE</b>	<b>SINGLE</b>	<b>DOUBLE</b>	<b>TRIPLE</b>	<b>QUAD</b>
<input type="checkbox"/> DELUXE KING <input type="checkbox"/> DELUXE 2 DBLS		<b>153.68</b>	<b>178.98</b>	<b>204.28</b>	
<input type="checkbox"/> ROYAL DELUXE ROOM KING BED		<b>189.10</b>	<b>214.40</b>	<b>N/A</b>	<b>N/A</b>
<i>Royal Junior Suite guests enjoy access to the private club lounge with breakfast &amp; cocktails served daily.</i> <input type="checkbox"/>	<input type="checkbox"/> ROYAL ONE BEDROOM SUITE KING	<b>315.60</b>	<b>340.90</b>	<b>366.20</b>	<b>391.50</b>
<ul style="list-style-type: none"> <li><span style="color: red;">Room/Bed types will be booked based on availability</span></li> <li><b>Check In Time 3:00 pm</b></li> <li><b>Check Out Time 12 noon</b></li> </ul>	Rates above are per room per night and are inclusive of: <ul style="list-style-type: none"> <li>- Full buffet breakfast</li> <li>- Government Tax – 16.5% &amp; Service Charge – 10%</li> <li>- Energy Surcharge – US\$8 &amp; Special Room Tax - US\$ 4</li> </ul> <b>Government Tax, Service Charge, Energy Surcharge, and Room tax are subject to change and may be increased without prior notice.</b> Maximum capacity of bedrooms is 4 persons Children under 2 years sharing with an adult stay free. <b>Maximum 1 child per room</b> Additional US\$8.00 per child for breakfast (ages 6 – 12)				
<b>CONTACT INFORMATION*</b>	<b>PHONE #</b> <i>Print Phone # Here</i>		<b>ADDRESS</b> <i>Print Address Here</i>		
	<b>FAX #</b>				
	<b>E-MAIL ADDRESS</b> <i>Print E-Mail Address Here</i>				
<b>CREDIT CARD GUARANTEE</b>	<b>TYPE*</b> <i>Card Type</i>	<b>CC NUMBER*</b> <i>Print Credit Card # Here</i>		<b>EXPIRY DATE**</b>	
<b>CARD HOLDER NAME</b>			<b>SIGNATURE</b>		
<b>CANCELLATION POLICY</b>	All reservations must be guaranteed with first night's deposit to credit card and guaranteed for late arrival. <b>The Jamaica Pegasus Hotel</b> will provide confirmation within seven days of receipt. If at any time after the Booking Deadline ( <b>October 1, 2019</b> ) and up to 48 hours prior to arrival, the reservation should be cancelled or decreased in anyway, a late cancellation charge will be assessed amounting to one night's room revenue for each room cancelled. <b>If cancellation is made less than 48 hours</b> prior to arrival or "NO SHOW" then a charge equivalent to <b>two nights room revenue</b> will be assessed for each room cancelled. Guaranteed reservations are held until noon of the day following stated arrival date.				

**PLEASE COMPLETE ALL SECTIONS & RETURN BY FAX: 876-929-0593 OR E-MAIL [reservations@jamaicapegasus.com](mailto:reservations@jamaicapegasus.com)**



TO: THE PEGASUS HOTEL

FROM: \_\_\_\_\_

RE: PAYMENT OF DEPOSIT BY CREDIT CARD FOR ACCOMMODATION  
LIONS MID YEAR CONFERENCE 2019

I, \_\_\_\_\_, am authorizing, the **PEGASUS HOTEL**  
to charge my credit card, the amount of J\$/US\$ \_\_\_\_\_ which is the cost  
of the first night, for a booking from \_\_\_\_\_ to \_\_\_\_\_  
for guest(s) \_\_\_\_\_.

If the guests are unable to make this trip, I will cancel at least seven (7) days prior to the arrival date so that I will not incur any penalties.

Penalty for cancellation less than 7 days prior to Arrival: **One (1) Nights Room Charge**

**CREDIT CARD TYPE:** \_\_\_\_\_

**CREDIT CARD NUMBER:** \_\_\_\_\_

**EXPIRY DATE:** \_\_\_\_\_

**CARDHOLDER'S NAME:** \_\_\_\_\_

**CARDHOLDER'S SIGNATURE:** \_\_\_\_\_

**CARDHOLDER'S TEL. CONTACT:** \_\_\_\_\_

**CARDHOLDER'S CITY:** \_\_\_\_\_

**CARDHOLDER'S E-MAIL ADDRESS:** \_\_\_\_\_

*Completed form and supporting documents requested must be scanned and returned via e-mail with a copy (front and back) of the card and identification. Accepted forms of ID are: Driver's License or Passport.*

*Faxed copies of these documents will **NOT** be processed.*

\_\_\_\_\_  
Signature