



Mona School of Business & Management
July 8-14, 2019
HOTEL BOOKING FORM

RESERVATION#	<i>To be completed by hotel staff</i>	BLOCK CODE: 190320WECO	CUT OFF DATE June 24, 2019
ARRIVAL DATE *	FLIGHT # FLIGHT TIME*	DEPARTURE DATE *	DEPARTURE TIME *
GUEST NAME (S) * SHARING WITH:	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Mr. <input type="checkbox"/> Dr. <input type="checkbox"/> Other		
# OF GUESTS *	ADULTS:		CHILDREN:
Select room and bed type by ticking the appropriate boxes	<u>ROOM TYPE</u>	<u>NIGHTLY RATE (US\$)</u>	
	ROOM TYPE/BED TYPE	Single	Double
<i>Deluxe rooms</i> <input type="checkbox"/>	DELUXE ROOM KING/DOUBLE BED	189.10	214.40
<i>Royal Club Rooms enjoy access to the private club lounge with breakfast & cocktails served daily.</i> <input type="checkbox"/>	ROYAL DELUXE ROOM	233.38	258.68
<i>Royal Club Suites enjoy access to the private club lounge with breakfast & cocktails served daily.</i> <input type="checkbox"/>	ROYAL ONE BEDROOM SUITE	265	265
<ul style="list-style-type: none"> • Room/Bed types will be booked based on availability • Check In Time – 3 pm • Check Out Time 12 noon 	Rates above are per room per night and are inclusive of: <ul style="list-style-type: none"> ○ Full buffet breakfast ○ Service Charge 10% & GCT 16.5% ○ Energy Surcharge US\$8 ○ Special Room Tax US\$ 4 Maximum capacity of bedrooms is 4 persons with an extra person charge of US\$ 25.30 per person (applicable for the 4 th person in the room)		
CONTACT INFORMATION*	PHONE #	ADDRESS	
	FAX #		
	E-MAIL ADDRESS	:	
CREDIT CARD GUARANTEE	TYPE*	CC NUMBER*	EXPIRY DATE**
CARD HOLDER NAME		SIGNATURE	
CANCELLATION POLICY	<ul style="list-style-type: none"> • Reservations may be guaranteed by any major credit card or a cash deposit. • Guaranteed reservations are held until noon of the day following stated arrival date. • Guaranteed no-shows are charged one night's room rate, however if cancellation is received 2 days (48 hours) prior to the day of arrival, the penalty will be waived. • Unguaranteed reservations are released at 6.00 p.m. on the day of arrival 		

PLEASE COMPLETE ALL SECTIONS & RETURN BY E-MAIL TO reservations@jamaicapegasus.com



TO: THE PEGASUS HOTEL

FROM: _____

RE: PAYMENT OF DEPOSIT BY CREDIT CARD FOR ACCOMMODATION

Mona School of Business & Management , July 8-12, 2019

I, _____, am authorizing, **THE JAMAICA PEGASUS HOTEL** to charge my credit card, the amount of J\$/US\$ _____ which is the cost of the 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 48 hours prior to Arrival: **One (1) Night's 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