

RESERVATION FORM FOR AFRICA PARTNERS MEDICAL

Name of Guest(s)	
Check In Date	
Check Out Date	
Room Allocation	\$82.50 per person/night for <input type="checkbox"/> Double occupancy (i.e. Dbl room) \$145/person/night for <input type="checkbox"/> Single occupancy (i.e. Sgl room)
Flight Details	Flight No Arrival Time
Airport Pick Up	Yes <input type="checkbox"/> No <input type="checkbox"/>
Reservation Guarantee	By company <input type="checkbox"/> By Credit Card <input type="checkbox"/>
Mode Of Payment	Credit Card <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Visa Amex Master Card
Credit Card Details	
Cancellation Policy	1 month before September 17, 2010 (date of arrival) (Late cancellation will attract a full charge penalty of 100% of room rate and)
No Show Charge	One night contract rate will be charged for no show
Requirement of any Special Service	

**Note: All guests will have to send their booking request by July 30, 2010
Email to Mrs. Ama Trebi-Ollennu at: ama.trebi-ollennu@goldentulipaccra.com**

Confirmed:
Name and signature