

ROOM RESERVATION FORM
(grupos.htsp@tivolihotels.com or Fax +55 11 3146-6509)
GROUP NAME: KHL Group
PERIOD: 3rd to 4th of June, 2013
RATE CODE: KHL

This reservation form should be used to guarantee a room. Our rates are valid 03 days prior to the event and/or 03 days after the end of the event upon availability. Listed below are the current best prices for delegates of the above-mentioned meeting.

GUEST INFORMATION

| | | | |
|-----------------|--|---------------------|--|
| LAST NAME: | | FIRST NAME: | |
| COMPANY: | | | |
| POSITION TITLE: | | () MALE () FEMALE | |
| TELEPHONE: | | FAX: | |
| E-MAIL: | | | |
| ADDRESS: | | | |
| CITY: | | STATE: | |
| COUNTRY: | | ZIP CODE: | |

ROOM REQUIREMENTS

| | |
|--|--|
| ARRIVAL DATE: (Check-in time after 15:00) (dd-mm-aaaa) | DEPARTURE DATE: (Check-Out time Before 12:00) (dd-mm-aaaa) |
| ARRIVAL FLIGHT DETAILS: (flight number/ company/ airport/ E.T.A.) | DEPARTURE FLIGHT DETAILS: (flight number/ company/ airport/ E.T.D.) |
| Single Room rate: BRL 615,00 + 5% city tax + BRL 6 room tax | ADULTS: () per room |
| Double Room rate: BRL 650,00 + 5% city tax + BRL 6 room tax | CHILDREN: () per room |
| <ul style="list-style-type: none"> ▪ Rates are per night and include breakfast. ▪ For the health of our guests this hotel is smokefree. Those who do not comply will be charged a cleaning fee of BRL 250. | |

Early check-in and late check-out will be charged as following:

- Early check-in: as courtesy – **according to hotel availability.** To guarantee availability check-in before 15h00 pre-register is necessary (reservation from one day before the check-in date).
- Late check-out: between 12 noon and 4 pm – charge of half a daily rate; after 4 pm – charge of one extra daily rate – **according to hotel availability.**

PAYMENT INFORMATION

I hereby authorize the charge to my credit card: _____ (name of the holder)

| | |
|-------------------------------------|--------------------------------|
| () Diners | () American Express Corporate |
| () Credicard / Mastercard | () Visa |
| () Credicard / MasterCard Business | () Others: _____ |
| () American Express | |
| Credit card number: | Expiring Date: Security Code: |

IMPORTANT INFORMATION

This authorization should be sent to the hotel with a copy of your ID Document and a copy (back and front) of the credit card
 * Please do not sign blank authorizations * Reservations should only be made using this form * No reservations will be confirmed nor guaranteed unless credit card details are supplied with the booking * There is a limited number of rooms; the booking will be confirmed on a first come, first serve basis * The booking is only confirmed after the hotel sends the confirmation voucher to the provided e-mail address * I declare being informed and aware of the conditions above.

| | |
|-------|------------|
| DATE: | SIGNATURE: |
|-------|------------|