



**International Seabed Authority (July 31 – August 18, 2017)**  
**HOTEL BOOKING FORM**

<b>RESERVATION #</b>			<b>BLOCK CODE:</b> 170728ISA	<b>CUT OFF DATE</b> July 10, 2017	
<b>ARRIVAL DATE *</b>	<b>FLIGHT #</b>	<b>FLIGHT TIME*</b>	<b>DEPARTURE DATE</b>	<b>DEPARTURE TIME *</b>	
<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				
<b>SHARING WITH:</b>					
<b># OF GUESTS *</b>	<b>ADULTS:</b>		<b>CHILDREN:</b>		
<b>Select room and bed type below by <u>ticking the appropriate boxes</u></b>	<b>ROOM TYPE</b>			<b>NIGHTLY RATE (US\$)</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	166.00	188.00	N/A	N/A	
<input type="checkbox"/> ROYAL DELUXE KING	204.50	226.50	N/A	N/A	
<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	254.00	254.00	N/A	N/A
<ul style="list-style-type: none"> <li><b>Room/Bed types will be booked based on availability</b></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>- 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 12 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>		<b>ADDRESS</b>		
	<b>FAX #</b>				
	<b>E-MAIL ADDRESS</b>				
<b>CREDIT CARD GUARANTEE</b>	<b>TYPE*</b>	<b>CC NUMBER*</b>		<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>July 10, 2017</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 prior to arrival or "NO SHOW" then a charge equivalent to two nights room revenue will be assessed for each room cancelled.</b> 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)

81 Knutsford Boulevard, Kingston 5, Jamaica West Indies  
 Telephone: (876) 926 3690 Facsimile: (876) 929 0583

E-Mail: [info@jamaicapegasus.com](mailto:info@jamaicapegasus.com) / [reservations@jamaicapegasus.com](mailto:reservations@jamaicapegasus.com) Website: [HTTP://www.jamaicapegasus.com](http://www.jamaicapegasus.com)



TO: THE PEGASUS HOTEL

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

RE: PAYMENT OF DEPOSIT BY CREDIT CARD FOR ACCOMMODATION  
**ISA Legal and Technical Commission**

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 between June 25 and 2 days prior to Arrival: **One (1) Night Room Charge**

Penalty for cancellation less than 2 days prior to Arrival: **Two (2) 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



# International Seabed Authority Group (July 30 – August 18, 2017)

## HOTEL BOOKING FORM

<b>RESERVATION #</b>	<i>To be completed by hotel staff</i>	<b>BLOCK CODE:</b> <b>335896</b>	<b>CUT OFF DATE</b> <b>July 3, 2017</b>	
<b>ARRIVAL DATE *</b> <i>DD/MM/YY</i>	<b>FLIGHT #</b> <i>Flight #</i>	<b>FLIGHT TIME*</b> <i>HH/mm</i>	<b>DEPARTURE DATE</b> <i>DD/MM/YY</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 <u>ticking the appropriate boxes</u></b>	<b>ROOM TYPE</b>	<b>NIGHTLY RATE (US\$)</b>		
	ROOM TYPE/BED TYPE	SINGLE	DOUBLE	TRIPLE
<input type="checkbox"/> STANDARD	<b>98.00</b>	<b>108.00</b>	<b>N/A</b>	<b>QUAD</b> <b>N/A</b>
<input type="checkbox"/> SUPERIOR	<b>116.00</b>	<b>126.00</b>	<b>136.00</b>	<b>146.00</b>
<ul style="list-style-type: none"> <li><b>Room/Bed types will be booked based on availability</b></li> <li><b>Check In Time 3:00 pm</b></li> <li><b>Check Out Time 12 noon</b></li> </ul>	<p>Rates above are per room per night and are subject to:</p> <ul style="list-style-type: none"> <li>- Government Tax – 16.5% &amp; Service Charge – 10%</li> <li>- Special Room Tax - US\$ 4</li> </ul> <p><i>Government Tax, Service Charge, and Room tax are subject to change and may be increased without prior notice.</i></p> <p>Maximum capacity of bedrooms is 4 persons (applicable to superior rooms only)</p> <p>Rates above include:</p> <ul style="list-style-type: none"> <li>- Sunrise Buffet Breakfast</li> <li>- Complimentary Wireless Internet</li> </ul>			
<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>	<p><b>All reservations must be guaranteed with first night's deposit to credit card and guaranteed for late arrival. The Knutsford Court Hotel will provide confirmation within 48 hours of receipt.</b></p> <p>If at any time after the Booking Deadline (<b>July 3, 2017</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.</p> <p><b>If cancellation is made less than 7 days prior to arrival or "NO SHOW" then a charge equivalent to one night room revenue will be assessed for each room cancelled.</b></p> <p>Guaranteed reservations are held until noon of the day following stated arrival date.</p>			

**PLEASE COMPLETE ALL SECTIONS & RETURN BY EMAIL TO:**

[salesmgr@courtleigh.com](mailto:salesmgr@courtleigh.com) or [sales3@courtleigh.com](mailto:sales3@courtleigh.com) or [sales9@courtleigh.com](mailto:sales9@courtleigh.com)

16 Chelsea Avenue, Kingston 5, Jamaica West Indies | Telephone: (876) 929-9000 Facsimile: (876) 906-2224

General E-Mail: [sales@knutsfordcourt.com](mailto:sales@knutsfordcourt.com) Website: [HTTP://www.knutsfordcourt.com](http://www.knutsfordcourt.com)



TO: THE KNUTSFORD COURT HOTEL

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

RE: PAYMENT OF DEPOSIT BY CREDIT CARD FOR ACCOMMODATION

**International Seabed Authority**

I, \_\_\_\_\_, am authorizing, **THE KNUTSFORD COURT 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: **One (1) Night 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



# Liguanea Club Hotel

Superior Room (1 King Bed or 2 Twin/Double Beds) **US\$130.00/US\$140.00** Single/Double Occupancy- per night, inclusive of taxes.  
Junior Suite (1King Bed) – **US\$140.00/US\$150.00** Single/Double Occupancy per night, inclusive of taxes  
King Suite (1 King Bed) – **US\$140.00/US\$150.00** Single/Double Occupancy per night inclusive of taxes  
Deluxe Suite (1 King Bed) **US\$160.00/US\$180.00** Single/Double Occupancy, per night, inclusive of taxes

**Our rates do not include meals; you are invited to make purchases from the Terrace Restaurant on property or from an eatery of your choice.**

Please note we have very limited availability for August 6<sup>th</sup> - 19<sup>th</sup> .It is advised that you book as early as possible, **by completing and returning the attached** to secure your room. A valid credit card and one night's charge as deposit is required to confirm your booking. We look forward to your response.

## One Time Credit Card Payment Authorization Form

Sign and complete this form to authorize **Liguanea Club** to make a one-time debit to your credit card listed below.

By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

---

A scanned copy of your ID should accompany this form.

---

### Please complete the information below:

I \_\_\_\_\_ authorize **Liguanea Club** to charge my credit card  
(full name)

account indicated below for \_\_\_\_\_ on or after \_\_\_\_\_. This  
payment is for \_\_\_\_\_ (amount) \_\_\_\_\_ (date)

Hotel Room Accommodations

Billing Address: \_\_\_\_\_

Phone#: \_\_\_\_\_

City, State, Zip : \_\_\_\_\_

Email: \_\_\_\_\_

Account Type:  Visa       MasterCard       AMEX

Cardholder Name \_\_\_\_\_

Account Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

CVV2 (3 digit number on back of Visa/MC, 4 digits on front of AMEX) \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

I authorize Liguanea Club to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

### **REGISTRATION FORM**

1. Name as it appears on your Passport : \_\_\_\_\_  
(This is the name you must use to make the reservation)
2. Type of Room Requested: \_\_\_\_\_  
(Single, Double, Superior Suite)
3. How many people staying in room? \_\_\_\_\_
4. Check-In Date? \_\_\_\_\_
5. Check Out Date? \_\_\_\_\_

**E-mail or Fax the CC Payment Form to:**

**OR**

**Fax: 876-926-5501**