

BARBADOS ACCREDITATION COUNCIL RESERVATION FORM



Date: _____
 No. of Adults: _____ No. of Children: _____
 1st Guest Name: _____ 1st Child Name: _____
 2nd Guest Name: _____ 2nd Child Name: _____
 3rd Guest Name: _____ Children under 12 years sharing a room
 with an adult free of charge.

Arrival Date: _____ Flight Arrival Time: _____
 Departure Date: _____ Flight Departure Time: _____
 Number of Nights: _____

Street: _____ City: _____
 State: _____ Zip / Postal Code: _____
 Country: _____
 Tel (H): _____ Tel (O): _____ Tel (C): _____
 Email: _____ Fax: _____

Company Name: Barbados Accreditation Council
 Group Code: CANQATE Reference Number: CANQATE/137886

NIGHTLY RATES:

Single / Double Occupancy, Room Only Rate US \$173.00 inclusive of 7.5% tax.
 Triple Occupancy, Room Only Rate US \$208.00 inclusive of 7.5% tax

Please select
 the applicable
 box.

Rate Type: _____ Run of House _____ **All rooms are non-smoking.**
 Run of House means that standard rooms will be assigned based solely on availability.

Type of Credit Card: _____ Credit Card Number: _____ Exp Date: _____

Available Meal Plans include:

B.P (Breakfast): Additional US \$20.00 per person per day
 M.A.P (Breakfast & Dinner): Additional US \$60.00 per person per day
 F.A.P (Breakfast, Lunch & Dinner): Additional US \$70.00 per person per day
 Please forward meal plan rates for children.

Please select
 the applicable
 box.

Special Requests: _____

Guest Signature: _____

FOR HOTEL USE ONLY	
Reservations Agent: _____	_____
Confirmation No. _____	Date: _____

Tel # 246-435-8920 / Fax # 246-435-7445 / Email: reservations@accrabeachhotel.com

Cancellation: Rooms cancelled within fourteen (14) days prior to arrival or no shows after midnight on the day of arrival will incur a penalty of one night's room cost.