

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: \_\_\_\_\_

<b>FOR HOTEL USE ONLY</b>	
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.**