



**CREDIT CARD AUTHORISATION FORM FOR RESEARCH INSTRUMENTS HANDS-ON WORKSHOP AND SEMINAR SHARM EL SHEIKH, EGYPT | 13TH & 14TH DECEMBER 2014**

Payment method:

- VISA CARD
- MASTER CARD
- J C B CARD

**CREDIT CARD CHARGE AUTHORIZATION**

PLEASE OBTAIN CARDHOLDER'S SIGNATURE ON THIS FORM AND RETURN IT TOGETHER WITH A COPY OF THE PASSPORT.

I HEREBY AUTHORIZE SAVOY HOTEL TO CHARGE MY CREDIT CARD IN THE AMOUNT LISTED BELOW. THE ISSUER OF THIS CARD IS AUTHORIZED TO PAY THE AMOUNT SHOWN UPON PROPER PRESENTATION I AGREE TO PAY SUCH AMOUNT (TOGETHER WITH ANY OTHER CHARGES DUE THERE ON) SUBJECT TO AND IN ACCORDANCE WITH, THE AGREEMENT GOVERNING THE USE OF SUCH CARD.

**COMPLETE ALL BLANK DETAILS, SIGN AND RETURN (DEADLINE TO RECEIVE THESE RATES - 20/10/14)**

Guest name: \_\_\_\_\_  
Check in date: \_\_\_\_\_  
Check out date: \_\_\_\_\_

Total number of nights: \_\_\_\_\_

Room rate (Please tick all applicable):

- Single room: \*\$80pp USD
- Double room: \*\$45pp USD
- Triple room: \*\$42pp USD
- Pool view supplement: \*\$15pp per night USD
- Sea view supplement: \*\$30pp per night USD

*\*All rates and supplements are per person, per night and inclusive of service charge and taxes*

*\*\*All above rates are based on a B&B basis*

Total amount: \_\_\_\_\_

Card number:

Expiration date:

CVV:

Print name as appears on credit card: \_\_\_\_\_

Passport number: \_\_\_\_\_

Card holder address: \_\_\_\_\_

Postcode/Zip: \_\_\_\_\_

Telephone home: \_\_\_\_\_ Office: \_\_\_\_\_ Mobile: \_\_\_\_\_

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

SIGNATURE OF CARDHOLDER: \_\_\_\_\_

*To book accommodation using these rates this form must be completed and sent to the Savoy by October 20<sup>th</sup> 2014*