

PAMDRAP - November 21 - 25, 2016



1. Name of Hotel:	Hote RADISSON BLU CEBU			
	Address: Serging Osmeña Blvd. corner Juan Luna Avenue, Cebu City, Philippines			
	Tel. No: +63 2 5551071 - Manila Office			
	Fax: +63 2 5551076			
	E-mail: kabundancia@radisson.com			
A. Duration of Stay	Check-in:	(mm/dd/yyyy)		
	Check-out:	(mm/dd/yyyy)		
B. Total No. of Rooms:				
C. Type of Room	<input type="checkbox"/>	Superior Room King (Single / Double)	- Php 5,800 net or \$ 132 net per night, inclusive of Buffet Breakfast for 2	
	<input type="checkbox"/>	Superior Room Twin (Single / Double)	- Php 5,800 net or \$ 132 net per night, inclusive of Buffet Breakfast for 2	
	<input type="checkbox"/>	Business Class King (Single / Double)	- Php 8,000 net or \$ 182 net per night, inclusive of Buffet Breakfast for 2	
	<input type="checkbox"/>	Business Class Twin (Single / Double)	- Php 8,000 net or \$ 182 net per night, inclusive of Buffet Breakfast for 2	
	<input type="checkbox"/>	Premier Room (Single / Double)	- Php 8,500 net or \$ 194 net per night, inclusive of Buffet Breakfast for 2	
	<input type="checkbox"/>	Executive Suite (Single / Double)	- Php 10,000 net or \$ 228 net per night, inclusive of Buffet Breakfast for 2	
	<input type="checkbox"/>	Additional Extra bed - Php 2,000 net per night or \$ 46 net per night		
2. Name of Guest(s):	Full Name:	Company / Organization:		
	Address:			
	Tel. No.:			
	E-mail Address:			
	*for group booking please send a separate list of the rooming list with the corresponding date of stay			
3. Hotel Charges	Credit card guarantee: (please attached copy of 1 valid ID and front and back of the credit card to be used)			
	Card holder name:			
	Credit Card Number:			
	Card type:			
	Card expiration no.:			
	Bank Deposit / Bank Transfer: (fax or email copy of the deposit slip)			
	NAME OF BANK: BANCO DE ORO SM CITY CEBU B			
	ACCOUNT NAME: SM PRIME HOLDINGS INC.-RADISSON BLU CEBU			
	ACCOUNT NUMBER: 00245-0092613			
	SWIFT Code: BNORPHMM			
5. Remarks/Requests: (subject to availability)				
6. Arrival Details of Guest	Date of Arrival:	(mm/dd/yyyy)		
	Flight No.and Time:	(e.g. CX 903/1835h)		
	Date of Departure:	(mm/dd/yyyy)		
	Flight No.and Time:	(e.g. CX 906/1105h)		
7. Airport Tranfer is needed?	<input type="checkbox"/> No	<input type="checkbox"/> Car - Php 900 per way	<input type="checkbox"/> Van - Php 1,500per way	
	<input type="checkbox"/> Yes	If Yes, <input type="checkbox"/> Arrival only <input type="checkbox"/> Departure only	<input type="checkbox"/> Roundtrip	

Note: Cancellation should be made at least 14 days before the arrival date. In case of NO SHOW, hotel will charge 1 night.

Please send this form thru fax (+63 2 5551076) or email to **Kat Abundancia (kabundancia@radisson.com)**.

Confirmation number and letter will be sent thru your email address.