

HOTEL REGISTRATION FORM

13th Annual Conference-Beaches Turks and Caicos Islands
PH 649-946-1900 FAX: 649-946-1119
Website:www.telecommission.tc/Email:info@tcitelecommission.tc

Arrival Date: _____
Departure Date: _____
Name: _____
Address: _____
City: _____
Country: _____
Phone/Fax number: _____
Email: _____

ACCOMODATIONS-THE BELOW RATES ARE AVAILABLE UNTIL JUNE 27TH, 2015.

Room Type	
Single Occupancy:	USD \$300.00 per night based on single occupancy
Double Occupancy	USD \$470.00 per night based on double occupancy
Triple Occupancy	USD \$570.00 per night based on triple occupancy
Quad Occupancy	USD \$670.00 per night based on quad occupancy
Children - (2-15yr)	USD \$87.75 per child per night

For additional days before or after October 27th to 30th, 2015 please contact us for rates.

Rates include:

All taxes and gratuities	Unlimited Premium brand Alcohol
Meals-Breakfast, Lunch, Dinner and Snacks	Round Trip Airport Transfers
Internet	Welcome Beverage
Nightly Entertainment	Fitness Center
Land and Water sports	Scuba diving included for certified divers
Complimentary access to steam and sauna rooms	

Check In: 3PM/Check Out: 11AM

Guarantee and Cancellation Policy:

Full Payment is due at the time of booking.

Cancellation:

If notice is received 121 or more days prior to arrival no penalty

If notice is received 120-90 days prior to arrival 50% of the total room rate will be charged.

If notice is received 89-46 days prior to arrival 75% of the total room rate will be charged

If notice is received 45-0 days prior to arrival or NO SHOW rooms will be charged 100% penalty.

Please complete reservations form along with the credit card form and send it to info@tcitelecommission.tc. Or Fax 649-946-1900.

Credit Card Authorization Form

Date of Submission: _____

Resort: _____

Travel

Group Name: _____

Dates: _____

I hereby authorize UNIQUE VACATIONS LTD. Gilingam House, East Bay Street, Nassau, Bahamas on this date of ___/___/_____ to charge my credit card in the amount of \$ _____ • _____

Credit Card: Visa _____ MasterCard _____ American Express _____ Discover _____

Credit Card Number: _____ Expiration Date: ___/___/_____

Name on Credit Card: _____

Billing Address: _____

City: _____

State: _____ Zip: _____

Phone Number: (_____) _____ - _____

E-Mail _____

Signature: _____

Please print name

****Please email and indicate any special needs or request to the email address below****

Should you require further assistance, please contact:

Shakeilya Knowles Group Sales Associate

Phone: 242-677-7300 (Ext 8122 or Phone 1-800-SANDALS (726-3257) Ext. 8122

FAX: 242-394-7018 or FAX 1-305-668-2776 or **Scan & Email:** sknowles@uvltd.com

Bk# _____

Amt: _____

App #: _____

Date: _____