



Reservation Request Form

GROUP NAME: Caribbean Association of National Telecommunication Organizations / CANTO
PROGRAM DATES: July 7th to July 20th, 2008

GROUP RATES

The Group Rate set out below is quoted per room /per night for single or double occupancy. A maximum of four (4) occupants is accommodated in one room. Please note there is a (3) night minimum stay requirement.

The Beach Tower rates are:

Single/Double Occupancy Rate: \$240.00 per room per night
Additional per Adult* Rate (max 2): \$50 per adult per night
Child Rate (sharing with one or more adults): no charge
(*Adult=person 12 years or older)

The Coral Tower rates are:

Single/Double Occupancy Rate: \$270.00 per room per night
Additional per Adult* Rate (max 2): \$50 per adult per night
Child Rate (sharing with one or more adults): no charge
(*Adult=person 12 years or older)

The Royal Tower rates are:

Single/Double Occupancy Rate: \$310.00 per room per night
Additional per Adult* Rate (max 2): \$50 per adult per night
Child Rate (sharing with one or more adults): no charge
(*Adult=person 12 years or older)

The Royal Tower Regal Suite rates are:

Single/Double Occupancy Rate: \$750.00 per room per night
Additional per Adult* Rate (max 2): \$50 per adult per night
Child Rate (sharing with one or more adults): no charge
(*Adult=person 12 years or older)

Group rooms are being held at the group rate for the specified program dates. All rooms requested outside of these dates will be reviewed based upon availability at (prevailing rack) rate.

TAXES, GRATUITIES AND CHARGES

The following taxes, gratuities and surcharges apply, and are subject to change without notice:

Taxes: 6% guest room tax based on nightly room rate
Resort Levies: 3% PITDA* levy and 3%NPIP** levy based on nightly room rate
Maid, Pool, Beach Gratuity, and Utility Service Fee: \$15.50 per person per night for the Beach, Coral and Royal Towers
\$16.50 per person per night for The Cove Atlantis
Bellman Gratuity: \$5.70 per person per stay

*PITDA-Paradise Island Tourism & Development Association **NPIP-Nassau Paradise Island Promotion Board

DEPOSIT REQUIREMENT

A non-refundable deposit equal to two (2) nights' accommodation (excluding tax and gratuities) at the Group Rate, is payable to secure your reservation should we confirm your accommodation request. Individuals will be responsible for the balance of all room charges upon arrival. Please provide details of the credit card to which you authorize Atlantis to charge the deposit for any accommodation reserved for you in terms of this Reservation Request Form. To pay by check, please mail this form, along with the appropriate deposit, to: Kerzner International, Attn: Accounting Department, Royal Palm at Southpointe, 1000 S. Pine Island Road, Plantation, FL 33324.

CANCELLATION TERMS

The two (2) night deposit is non-refundable for any cancellations. Should you cancel within thirty (30) days prior to arrival, the full length of stay will be charged.

SUBMITTING YOUR RESERVATION REQUEST

Please fax this Reservation Request Form to Atlantis Reservations at (954) 809-7902 by 5.00pm EST on or before **May 31st, 2008**.

Reservation requests will begin being processed one hundred and twenty (120) days prior to program arrival. Requests will be processed on a group space-available basis only and if your request cannot be accommodated, we will notify you by fax. **No telephone requests will be honored.**

RESERVATION CONFIRMATION

Should the accommodation requested be available, your reservation will be made, the two (2) nights non-refundable deposit charged to your credit card, and the **confirmation will be faxed or emailed to you within 14 (fourteen) business days.**

GUEST REGISTRATION

During guest registration at Atlantis Paradise Island you will be asked to sign a form agreeing to the following terms related to any claims you may have as a result of your stay at the resort: "I agree that any claim I may have against Atlantis, Ocean Club, or any of their officers, directors, employees or related or affiliated companies, including without limitation, Kerzner International Hotels Limited, Kerzner International Bahamas Limited, Island Hotel Company Limited, Paradise Enterprises Limited, Paradise Island Limited and Paradise Beach Inn Limited resulting from any events occurring in The Bahamas shall be governed by and construed in accordance with the laws of the Commonwealth of The Bahamas, and further, irrevocably agree to the Supreme Court of the Bahamas as the exclusive venue for any such proceedings whatsoever. The foregoing shall apply to all persons accompanying me, and I represent that I have the authority to sign this document on their behalf".

Reservation Request Form

GROUP NAME: Caribbean Association of National Telecommunication Organizations / CANTO

PROGRAM DATES: July 7th – July 20th, 2008

Please provide the following information, **printing** clearly in the spaces indicated.
Please complete one Reservation Request Form for each room you wish to request.

Arrival Date: _____ Departure Date: _____ Requested Tower: _____

Requested Bed Type: _____ **Other Requests:** _____

Guest 1: Title: _____ Last Name _____ First Name _____
Billing Address _____
City _____ State _____ Zip Code _____ Country _____
Phone Number () _____ Fax () _____
Email _____
Select: Adult or Child Specify Child's Age _____

Guest 2: Title: _____ Last Name _____ First Name _____
Billing Address _____
City _____ State _____ Zip Code _____ Country _____
Phone Number () _____ Fax () _____
Email _____
Select: Adult or Child Specify Child's Age _____

Guest 3: Title: _____ Last Name _____ First Name _____
Billing Address _____
City _____ State _____ Zip Code _____ Country _____
Phone Number () _____ Fax () _____
Email _____
Select: Adult or Child Specify Child's Age _____

Guest 4: Last Name _____ First Name _____
Billing Address _____
City _____ State _____ Zip Code _____ Country _____
Phone Number () _____ Fax () _____
Email _____
Select: Adult or Child Specify Child's Age _____

CREDIT CARD DETAIL

Please note that this credit card must belong to one of the above-mentioned guests.

Select Card Type:

American Express Visa Mastercard Discover Diners Club

Card Number: _____

Name (as it appears on card): _____

Expiration Date: _____

Authorized Signature: _____

Note: Check-in time begins at 3.00pm and Check-out time is 11.00 am
FAX THIS SIDE ONLY (954-809-7902)