

ACCOMMODATION FORM

1. PARTICIPANT INFORMATION

Last Name: _____ First Name: _____

Mailing Address: _____ City: _____

State: _____ Zip/Postal Code: _____ Country: _____

Tel: _____ Fax: _____ Cell: _____

Email: _____

Guest/Spouse: _____ Child: _____ Age: _____

Arrival Date: _____ Flight #: _____ Flight time: _____
dd/mm/yyyy

Departure Date: _____ Flight #: _____ Flight time: _____
dd/mm/yyyy

2. HOTEL RATES AND CHARGES

Please indicate the type of accommodation required:

Garden View	_____ Single Room	US\$235 (per room)
	_____ Double Room	US\$325 (per room)
	_____ Triple Room	US\$460 (per room)

Bed Type: _____ 1 King size bed _____ 2 Double beds

TAXES, GRATUITIES AND CHARGES

Room rates are all-inclusive and include meals, beverages and applicable state and local taxes (currently 10%), in effect at time of check in, as well as a service charge (currently 14%), and is subject to change without notice. Airport transfers are **NOT** included. Porter Charge of US\$4 per room per stay is not included and will be added to guest accounts.

RATE EXTENSION

The Hotel will offer conference rates for *a maximum of three days prior to and three days following* group contracted dates. These rates will attract a service charge and government tax. Early arrivals or late departures outside of group dates are based on availability only.

CHILD POLICY

Children under 4 years of age stay free in the same room as their paying parent or guardian. Charges of US\$45.00 daily for children 4-11 years old and US\$100.00 daily for children 12-17 years old staying with paying adults will apply. The Ritz Kids Programme offers a variety of supervised physical and creative activities designed especially for children 5-12 years.

3. PAYMENT METHOD

A deposit equal to one night's accommodation is payable to secure your reservation. Individuals will be responsible for the balance of all room charges upon arrival. Please provide details of the credit card to which you authorize The Ritz-Carlton Golf & Spa Resort Rose Hall, to charge the deposit for any accommodation reserved for you in terms of this Reservation Request Form.

Please fax this Reservation Request Form to The Ritz-Carlton Golf & Spa, Rose Hall, Jamaica at **(876) 518-0086** by 5.00pm EST (Eastern Standard Time) on or before **September 30, 2011**. Reservations received after September 30, 2010 are subject to room and rate availability. Individual reservations can be made by calling the reservations department at **(876) 953-2800 Ext. 6018-9** or **(800) 241-3333**. Please refer to the Caribbean Dermatology Association room block. If you fail to receive a fax confirmation of your booking within 48 hours, please call the hotel and ask for the Group Reservations Department.

Accommodation deposit (*rate x 1 night*) US\$ _____

Charge my: _____ Visa _____ MasterCard _____ American Express

Card #: _____ Expiration Date: _____
(include 3 or 4 digit security code)

Name on card: _____

Signature (*form not valid without signature*): _____

To pay by bank draft, please mail this form, along with the appropriate deposit to:

The Ritz Carlton Golf & Spa Resort
1 Ritz -Carlton Drive
Rose Hall, St. James
Jamaica W.I.

4. HOTEL POLICIES

CANCELLATION TERMS

In order to avoid a penalty, guests must cancel their reservation directly with the hotel at least fourteen (14) days prior to their anticipated arrival. Otherwise, they will be liable for a payment totalling the room revenue for the number of nights reserved, for which payment will be collected by way of the enclosed deposit cheque or billed through a credit card as listed above.

ESTABLISHMENT OF CREDIT

The Hotel will request the presentation of individual credit cards and/or other forms of establishing credit at the time of check-in to cover possible incidental charges. Please be advised that persons who are not owners of a valid credit card must maintain a daily cash balance of US\$100.00 at the hotel's front office.

CHECK IN & CHECK OUT

Guests may check-in after 3:00 P.M. Check out time is 11:00 A.M.