INTERCONTINENTAL
REGENCY BAHRAIN

HCE Special Booking Form

Title:	First Name:	Last Name:
Nationality:	Passport No:	
Address:		
Country:	City:	Postcode:
Phone:	Fax:	E-mail:
Arrival		**Departure**
Date:		Date:
Time:		Time:
Flight:		Flight:

Rates & Preferences

☐ _____ Classic Single BD 50.000 ☐ _____ Classic Double BD 55.000 ☐ _____ Club Room BD 95.000 ☐ _____ Club Suite BD 150.000 Above prices are subject to 10% service charge and 10% government levy	**Complimentary Full Buffet Breakfast**	☐ _____ Smoking ☐ _____ Nonsmoking

Visa Services

Visa processing fee is of BD 40.000 per person

Airport Transfer (BHD 15,- per way)

☐ YES Kindly provide Flight details
☐ NO

Credit Card Information

☐ Visa	☐ Master card	☐ American Express
Card Number:	Expiration Date:	Security Number:
Please attach copy of your credit card (both sides)		
Signature:	Today's Date:	☐ Please E-mail a Confirmation

Check in time: 14:00 hrs Check out time: 12:00 hrs
Cancellations without penalty: 48 hours before arrival date
IMPORTANT: **Please ensure that this form is sent to InterContinental Regency Hotel Bahrain**
reservations.icbahrain@ihg.com and chandu.kiran@ihg.com

Hotel Information: Tel: (973) 17227777 Fax: (973) 17210040 reservations.icbahrain@ihg.com