



**ROOM RESERVATION FORM  
UP-NIGS  
November 16-20, 2005**

**Room Rate** : **Weekend Rates (from Friday-Saturday Night)**

**Superior Room** : US\$80/room/night based on Single or Twin occupancy

**Deluxe Room** : US\$100/room/night based on Single or Twin occupancy

**Extra Person** : US\$ 18.00 nett/person/night

**Suite** :

<b>01 Junior Suite:</b>	US\$112	<b>01 Deluxe Suite:</b>	US\$128
<b>01 Ambassador Suite:</b>	US\$160	<b>01 Premiere Suite:</b>	US\$160
<b>01 Royal Suite:</b>	US\$256	<b>01 Imperial Suite:</b>	US\$304

---

**Room Rate** : **Weekday Rates (from Sunday-Thursday Night)**

**Superior Room** : US\$70/room/night based on Single or Twin occupancy

**Deluxe Room** : US\$82/room/night based on Single or Twin occupancy

**Extra Person** : US\$ 18.00 nett/person/night

**Option Date** : October 07, 2005

**Check-in Time** : 2:00 PM                      **Check-out Time :**                      12:00 noon

**Payment Terms** : 50% downpayment must be settled on or before October 07, 2005 while the remaining balance must be settled in full upon check-in incidentals and other authorized charges must be settled in full upon check-out.

**Mode of Payment** :

- Cash
- Credit Card Guarantee
- Bank Transfer (*Note: all applicable charges must be shouldered by the Client*)

**Bank Account Information:**  
**Bank Name - BANCO DE ORO**  
**Account Name - HOTEL SPECIALISTS, INC.**  
**Account Number - 1500013445**



**BOOKING REPLY FORM**

**Name of Guest/s** : \_\_\_\_\_

**Telephone Number/s** : \_\_\_\_\_ **Fax Number/s:** \_\_\_\_\_

**E-mail Address** : \_\_\_\_\_ **Nationality:** \_\_\_\_\_

**Check-in Date** : \_\_\_\_\_ **Check-out Date :** \_\_\_\_\_

**ETA** : \_\_\_\_\_ **ETD:** \_\_\_\_\_

**Room Type** :

Superior Room/s ( )	Deluxe Room/s ( )
Junior Suite ( )	Deluxe Suite ( )
Premiere Suite ( )	Ambassador suite ( )
Royal Suite ( )	Premiere Suite ( )

**Room Rate** : \_\_\_\_\_ **No. of Person/s** \_\_\_\_\_

**Room Preferences** : **Smoking Room**                      **Non-smoking Room**

**Total Amount Payable** : \_\_\_\_\_

**Mode of Payment** :

Cash

Credit Card Guarantee (*photocopy of credit card with authorization to bill must be submitted*)

Bank Transfer

**Comment/Special Arrangements** : \_\_\_\_\_

**MAKATI SALES OFFICE**

Unit 1503-1504, 139 Corporate Center, Valero St., Salcedo Village, Makati City, Philippines  
 Telephone Nos. (632) 751-3088 to 89 or 751-8418 to 19 Fax no.: (632) 751-3090  
 E-mail: [taalvista@fuegohotels.com](mailto:taalvista@fuegohotels.com) Website: [www.taalvistahotel.com.ph](http://www.taalvistahotel.com.ph)