

	Registratio	n Form		
Full Name First Nam	ne[Last Name		
Arrival Da	te	Dep Date		
No.of Guest		Child		
Flight details if air port pick up reg	uired Arriving Time:-		Date:-	
Room Type Queen or Twir	 1:	Rate (Sgl)	INR 4000/- + Taxes	
Sharer Name if double occupancy	<u> </u>	Rate (Dbl)	INR 4500/- + Taxes	
Inclusions Breakfast	Internet	Transfers	Transfers to the Venue	
Full Name First Nam	ne	Last Name		
Arrival Da	te [Dep Date		
Flight details if air port pick up req			F	
Flight No:-	Arriving Time:-		Date:-	
Phone Number				
E-mail				
Guarantee Method	_]			
Credit Card Number				
Expiry				
Please note that Credit Ca	rd details are only for	guarantee purposes i	ncase of no show.	