



Taj Palace Hotel Reservation Form

R B I Conference March - 2013

Please have the below reservation form filled and sent by February 20, 2013 for below special rates to apply.

Please return this form by February 20, 2013.

Reservations Department

Taj Palace Hotel

Sardar Patel Marg, Diplomatic Enclave

New Delhi, India

Phone: +91 11/2611 0202

Fax: +91 11/2611 5055 or 2611 0808

Email: Palace.delhi@tajhotels.com

Please complete the below form in BLOCK LETTERS and submit this form preferably by Email (or by fax) to the address mentioned above no later than:

RESERVATION DETAILS

Last Name:	First Name:	
Organization /	Phone:	
Designation:	Email:	
Passport No		
Check-in Date:	Arrival Flight:	ETA:
Check-out Date:	Departure Flight:	ETD:

Room Type SP RTS	Tick Choice	INR Single Rate	INR Dbl Rate	Published Rate Single	Published Rate Double
Deluxe Room		9000	10500	20000	21500
Luxury Room		12000	13500	22500	24000
Taj club room		14000	15500	25500	27000

Room Type: Single Double **Preference:** Smoking Non-smoking
Airport Transfer: Yes No (Tata Manza @ INR 2897 Al/Car/Way)

Remarks:

TERMS AND CONDITIONS

- The above room rates are inclusive of buffet breakfast at the coffee shop
- All Taj Club Rooms include 1 Way Airport transfers**, amongst many other benefits. Details available with the Reservations.
- Our check-in time is 14:00 hours & the check out time is 12 noon. However, should there be an early arrival or a late departure and you would like us to allocate the rooms upon arrival of the delegates
- All bills must be settled at the time of departure by an approved credit card or cash. Taxes at present are 10% on the printed tariff . DVAT is additional .63% of the rate payable. Service Tax will be 7.41% on the rate payable.

Guaranteed reservation

The reservation will be held guaranteed only on receipt of a Credit Card Guarantee and one night's advance deposit. As rooms and tariffs are subject to availability, please make your booking as soon as possible.

Guaranteed by: AMEX Diners JCB MasterCard Visa

Cardholder's Name: _____ Signature: _____

Credit Card Number: _____ Expiry Date: _____

Cancellation policy

Cancellations made will have 100% Retention charged for entire length of stay..

The same is also valid for early departures and no shows

I hereby authorize to collect payment for charges as indicated above and approve charges section by processing a charge to the credit card listed above. I certify that I am the authorized signatory of the credit card. Incase the payments are not recovered through credit card company for some reason, I am liable to offer another credit card/clear payments.

Cardholders Signature.....

Date:.....

A legible copy of the front and back of the credit card bearing the signature of the card holder must accompany this request