



MEMC22 Malta

21-24 September 2022 St. Julian's



Holiday Inn Express Malta Booking Form

Booking Code MC2

From: Nicolo Rocchia, Holiday Inn Express, St. George's Bay, St. Julian's STJ 3310

Tel. : +356 23 795 000 Fax: +356 2376 5305 Email: miaex.info@ihg.com www.ihg.com/holidayinnexpress

Kindly fill this form with the required details and send to the Reservations department by email on malta.reservations@ihg.com or by fax on +356 2376 5305 by **no later than 19 August 2022**.

Reservation details

GUEST NAME

Title: _____ First Name: _____ Surname: _____

ARRIVAL / DEPARTURE DETAILS

Arrival date: _____ Departure date: _____ Arrival time/flight: _____

ROOMS DETAILS

Room Type	Single Occupancy (1 person)	Double Occupancy (2 persons)
Deluxe Room	€150.00	€170.00
Room Rates are inclusive of 7% VAT and Buffet Breakfast WIFI in the bedrooms is complimentary		

Bed Type Preference*	
<i>*bed type not guaranteed; based on availability</i>	
Single Bed (1 Queen bed)	
Twin Beds (2 Twin beds)	

DEPOSIT SCHEDULE

- The equivalent of one (1) night, non refundable deposit shall be charged to the authorized credit card upon Registration.
- The remaining nights are guaranteed by the provided credit card, however shall be charged to the authorized credit card upon check out.

CANCELLATION POLICY

- The hotel guarantees availability on the cited room types and rates until **19 August 2022**, date after which availability is subject to First Come First served conditions
- As of the **20 August 2022**, the hotel reserves the right to accept bookings at a tariff higher than the agreed room rate subject to availability at the time of registration.
- Any cancellations received between time of booking and the **13 September 2022**, the hotel shall charge the delegate the equivalent of 1 night.
- Any cancellations received after the **14 September 2022** shall be charged the equivalent of the total value of the booking.
- Any no shows shall be charged to the equivalent of the total value of the booking.

PAYMENT

Amex Visa Mastercard Diners

Credit Card number: _____ Expiry Date: ____ / ____ / ____

Date: _____ Signature: _____

Title: _____ First Name: _____ Surname: _____