



Reservation Form

Casino Beats Summit
Booking Code SB3
11th – 16th July 2021

InterContinental Malta	From:
St. George's Bay, St. Julian's STJ 3310	
Tel. : +356 21 377 600	
Fax : +356 21 372 222	
malta.hotel@ihg.com	
intercontinental.com/icmalta	
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 not later than 01st April 2021	

Reservation details

Guest Name

Title	
First name	
Surname	

Arrival Details

Arrival date	
Arrival time/flight	
Departure date	

Rooms Details

No of rooms required	
----------------------	--

Deluxe Single Room	€180.00		Deluxe SUITE - Single	€400.00	
Deluxe Double Room	€200.00		Deluxe SUITE - Double	€420.00	
Club InterContinental Room - Single	€270.00		Club SUITE - Single	€470.00	
Club InterContinental Room - Double	€290.00		Club SUITE - Double	€490.00	

Room Rates are inclusive of 7% VAT and Buffet Breakfast

WIFI in the bedrooms is complimentary

Club Rooms & Deluxe Suites have complimentary access to Club Lounge located on the 15th Floor of the hotel.



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 1st June 2021, date after which availability is subject to First Come First served conditions
- As of the 2nd June 2021, 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 9th July 2021, the hotel shall charge the delegate the equivalent of 1 night.
- Any cancellations received after the 10th July 2021 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: ____ / ____ / ____

Title: _____

Date: _____

Name: _____

Signature: _____

Surname: _____