

COMFORT SUITES PARADISE ISLAND
GROUP RESERVATION FORM

GROUP NAME: THE SOVEREIGN SOCIETY GROUP

DATE: November 6-11, 2007

GUEST(S) NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE NUMBER _____ FAX NUMBER OR EMAIL ADDRESS (Mandatory) _____

ARRIVAL DATE _____ DEPARTURE DATE _____

This special group rate will be honored if arrival is earlier or departure is later than above dates.

SPECIAL GROUP NET NON-COMMISSIONABLE RATE PER NIGHT:

Single or Double Occupancy: \$165.00 per room per night

Each Additional Adult - \$40.00 per night (Maximum of 4 people in room)

Children 15 years and under in same room with parents are free. (For children 12 to 15 years of age, please add \$4.00 per night, per child, housekeeping gratuity.)

Please check accommodation requirements:

SINGLE _____ DOUBLE _____ TRIPLE _____ QUAD _____

SPECIAL REQUEST _____

Above rates include a Deluxe Continental Breakfast served daily.

Taxes and service charges are not included in above rate and are subject to change. Add 12% room toll/resort levy and \$4.00 per adult per night for housekeeping gratuities and \$6.00 per adult per night for energy surcharges.

A ONE NIGHT DEPOSIT IS REQUIRED TO HOLD THIS RESERVATION BY CHECK OR CREDIT CARD

CREDIT CARD NAME / NUMBER _____ EXPIRATION _____ (Credit card must be same name as guest)

PLEASE NOTE: Reservations are on a space available basis and will be confirmed by return fax or email.
Check-in time is 3PM Check-out time is 11AM

Cancellation Policy: A one night's room rate will be charged if cancellation is received by the hotel within 14 days of scheduled arrival.

Guest Signature

Date

PLEASE FAX THIS FORM TO HOTEL AT (242) 363-2588 - ATT: RESERVATIONS MANAGER OR
EMAIL TO HOTEL RESERVATIONS AT - RESERVATIONS@COMFORTSUITESPI.COM OR
MAIL TO HOTEL AT: COMFORT SUITES PARADISE ISLAND, PO BOX SS 6202, NASSAU, BAHAMAS