**Please fill out the guest’s details below**

RESERVATION CALL IN FORM

TAGLaw & TIAG Conference
(The Appleton Group, Inc.)

|  |  |
| --- | --- |
| **Guest’s Last Name** | Click here to enter text. |
| **Guest’s First Name** | Click here to enter text. |
| **Check-in Date** | Click here to enter text. |
| **Arrival Flight / ETA** | Click here to enter text. |
| **Arrival airport pickup required \*** | Click here to enter text. |
| **Check-out Date** | Click here to enter text. |
| **Departure Flight / ETD** | Click here to enter text. |
| **Departure airport pickup required \*** | Click here to enter text. |
| **Contact Number** | Click here to enter text. |
|  **Email id.** | Click here to enter text. |
|  **Company Name** | Click here to enter text. |
| **Designation** | Click here to enter text. |
| **Special Information – Dietary requirements, Allergies, etc** | Click here to enter text. |
| **Additional Comments** | Click here to enter text. |

**\* Should you choose to receive an Airport Transfer our Concierge will get in touch with you arrange for the same**

**Accommodation Details**

|  |  |
| --- | --- |
| **Room Type**  | Deluxe Guest Room |
| **Rate per Night** | US$ 295 |
| Rates are subject to additional tax of 14.45%Rates are based on single or double occupancyRates are applicable for all guests attending the conference from 29th April 2013 to 11th May 2013 |
| **Check in time :** 15:00 **Check out time :** 12:00Guest may check into the hotel after 3pm on the arrival date and checkout of the hotel no later than 12 noon. Guests arriving earlier than 3pm will be checked in as soon as rooms become available. Should a guest want to guarantee an early check-in they may book the reservation from the night prior to check-in.  |
| **Booking Policy:** Booking should be made latest by **­­­­­­­­­­­­17:00 EST on the 2nd April 2013**. Bookings post this time will be taken **subject to availability** on our **publically available rates**.The hotel is holding a fixed room block for this specific event.Should the guest room block be filled prior to the cutoff date and additional room requestswill be taken **subject to availability** on our **publically available rates** |
|  |  |

**Reservation Guarantee**

|  |
| --- |
| The reservation will be held guaranteed **only** on receipt of a **Credit Card Number** or **entire stay advance deposit**. |
| Guaranteed by | [ ]  AMEX [ ]  Diners [ ]  JCB [ ]  MasterCard [ ]  Visa |
| Cardholder’s Name | Click here to enter text. | Expiry Date:Click here to enter text. |
| Credit Card Number | Click here to enter text. |

**Cancellation/Amendment Policy**

|  |
| --- |
| No-shows, Amendments and cancellations for individual reservations received within twenty-four (24) hours of the arrival date and time (3:00 PM EST) will be subject to a retention fee equivalent to one night’s guest room or suite accommodation tariff plus applicable taxes. |

I have read the above terms and conditions and accept them.

|  |  |  |  |
| --- | --- | --- | --- |
| **Guest signature:** | Click here to enter text. | **Date:**  | Click here to enter text. |

Please send in the completed form to taj.boston@tajhotels.com or Facsimile: +1 617 536 1335