



**Tamarind Global**

**Address:** A Wing, 2nd Floor, Mafatlal Chambers, N M Joshi Marg, Lower Parel (East) Mumbai 400013, India

**Tel:** +91 022 66802500

**Contact: Mr. Hemant Karande**

Mobile: +91 9619469181

E-mail: [hemantk@tamarindglobal.com](mailto:hemantk@tamarindglobal.com)

Website: [www.tamarindglobal.com](http://www.tamarindglobal.com)

**OPTIONAL**

**FORM F22**

**31 Jan - 2 Feb 2018**

Pragati Maidan, New Delhi, India

**HOTEL  
RESERVATIONS**

**DEADLINE FOR RECEIPT OF FORM: 30<sup>th</sup> December 2017**

**HOTEL BOOKING FORM**

**Accommodation Requirement. Please tick your hotel and room type.**

Hotel Name	Distance from Airport	Distance from Pragati Maidan	Single INR	Double INR	Type of Hotel	Room Category	Inclusion
Shangri-La	15 Kms	3.5 Kms	13900	13900	5* DLX	Deluxe	Breakfast & taxes
Le Meridian	15 Kms	3.5 Kms	13700	13700	5* DLX	Superior	Breakfast & taxes
Hyatt Regency	9 Kms	11 Kms	10900	11500	5* DLX	King	Breakfast & taxes
The Lalit	16 Kms	4 Kms	9500	10000	5* DLX	Premier	Breakfast & taxes
The Park	14 Kms	6 Kms	8900	9500	5*	Luxury	Breakfast & taxes
The Surya	21 Kms	9 kms	7200	7200	5*	Deluxe	Breakfast & taxes
The Royal Plaza	15 Kms	4 Kms	6900	6900	4* DLX	Standard	Breakfast & taxes
The Hans	14 Kms	4 Kms	7200	7500	4*	Executive	Breakfast & taxes
Regent Intercontinental	15 Kms	9 Kms	3500	3500	3* DLX	Deluxe	Breakfast & taxes
Surya International	15 Kms	9 kms	2900	2900	3*	Premium	Breakfast & taxes

***\*Rates for other Hotels/Apartments can be also procured on request.***

Exhibiting Company:	
Booth No:	
Name of person in charge:	Mobile:
Tel:	Fax:
E-mail:	
Signature:	Date:



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**Remarks:**

1. Distance from venue is approximate.
2. The check-in / check-out is 12 noon.
3. **Above Room rates are of base room category (unless specified) and include buffet breakfast.**
4. Above rates are valid for a period from 15-17 February, 2017.
5. Any room booking requirement other than that specified dates should be mailed at [hospitalysatte@tamarindglobal.com](mailto:hospitalysatte@tamarindglobal.com)
6. Rooms shall be offered on 'first cum first serve basis' and 'subject to availability'.
7. **The rates are inclusive of applicable hotel taxes.**
8. Booking amendments in stay reductions / cancellations before 30 days from check-in will attract 01 night retention charge.
9. Booking amendments in stay reductions / cancellations less than 30 days from check-in; or early departures after check-in / No shows will attract full retention for the cancelled days.
10. Govt. Service Tax @ 18% Included in the Hotel Billing for Transport 5% will be charged extra.
11. All taxes (service tax / hotel luxury tax) are Government mandated and may change / increase / decrease. The tax structure applicable during the event dates will apply.

**Please complete this form in capital letters.**

<b>Title (Mr/Mrs/Ms)</b>	
<b>First Name</b>	
<b>Last Name</b>	
<b>Email ID</b>	
<b>Company Name</b>	
<b>Address</b>	
<b>Country</b>	
<b>Tel :(with country Code)</b>	
<b>Fax :(with country Code)</b>	

Exhibiting Company:	
Booth No:	
Name of person in charge:	Mobile:
Tel:	Fax:
E-mail:	
Signature:	Date:



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Hotel, 1<sup>st</sup> Choice: \_\_\_\_\_ Hotel, 2<sup>nd</sup> Choice \_\_\_\_\_

Check in Date: \_\_\_\_\_ Check out Date: \_\_\_\_\_

No. of Rooms \_\_\_\_\_ Type of Room: Single  Double  Twin

Non-Smoking Room: Yes  No

Special Request \_\_\_\_\_

Flight Arrival/Departure details (If airport pick up/drop required- on chargeable basis)- Please send request at [hospitalitysatte@tamarindglobal.com](mailto:hospitalitysatte@tamarindglobal.com)

**Mode of Payment:**

1. Cheque/DD for Rs. \_\_\_\_\_ in favor of **"Tamarind Global."** Dated. \_\_\_\_\_ Chq/DD No. \_\_\_\_\_ (Local Cheque/DD Only)

2. *Swift Transfer: USD Remittance - DETAILS FOR TRANSFER OF FUNDS,*  
Bank account No. = 0570739-00-0  
Bank name = DEUTSCHE BANK AG  
Bank Address = KODAK HOUSE, DR. D N ROAD, FORT MUMBAI  
400 001. INDIA  
IFSC Code = DEUT0784BBY (TO BE USED FOR NEFT/RTGS  
TRANSFER IN INR)  
SWIFT Code = DEUTINBBXXX  
Beneficiary Name = TAMARIND GLOBAL SERVICES PRIVATE LIMITED  
Beneficiary Address = A Wing, 2nd Floor, Mafatlal Chambers, N M Joshi Marg, Lower Parel  
(East) Mumbai 400013, India

3. **Credit Card:**  VISA  MASTER  AMERICAN EXPRESS

Exhibiting Company:	
Booth No:	
Name of person in charge:	Mobile:
Tel:	Fax:
E-mail:	
Signature:	Date:



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**Credit card Authorization- VISA/MASTERCARD ONLY**

I, \_\_\_\_\_ (Name of card holder) authorize "Tamarind Global", to

charge my credit card (Visa / Master) No. \_\_\_\_\_

Expiry date \_\_\_\_\_

for an amount of INR \_\_\_\_\_ 2.5% Credit Card Surcharge \_\_\_\_\_

**Total amount including 2.5% Credit card Surcharge \_\_\_\_\_**

**Credit Card charges 2.20 % & Service Tax on credit card charges 14%**

Signature of cardholder \_\_\_\_\_

Card holder's address \_\_\_\_\_

Country \_\_\_\_\_ Last 3 digit on reverse of credit card \_\_\_\_\_

Date \_\_\_\_\_

**(Kindly also send us both side clear photocopies of the credit card and passport copy for our necessary records through fax or email attachment)**

**Credit Card Authorization Form - AMEX Only**

I \_\_\_\_\_ hereby authorize "Tamarind Global" to charge my Card for the goods and services being rendered to me.

1. Nature of goods / services:
2. Card number:
3. Card expiry date:
4. Billing address:
5. Telephone nos. : ( Resi. ) \_\_\_\_\_ ( off. ) \_\_\_\_\_ .

Exhibiting Company:	
Booth No:	
Name of person in charge:	Mobile:
Tel:	Fax:
E-mail:	
Signature:	Date:



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- 6. Mobile no. :
- 7. Present address:
- 8. Present telephone number:
- 9. Amount of Charge INR \_\_\_\_\_ 2.5% Credit Card Surcharge \_\_\_\_\_  
Credit Card charges 2.20 % & Service Tax on credit card charges 14%
- Total amount including 2.5% Credit card Surcharge \_\_\_\_\_**
- 10. 4-digit batch code (on front of AMEX card Only):

Yours sincerely,

I understand that the Records of Charges - in respect of goods / services received / availed - submitted by you to American Express Bank Ltd., Travel Related Services will neither bear my signature nor the imprint of my American express Card, and I therefore, undertake to unconditional honor and pay without demur and contestation, the said charges, as and when I am billed for the same by American Express.

(Signature as it appears on your AMEX Card)

Name :

Date :

**(Kindly also send us both side clear photocopies of the credit card and passport copy for our necessary records through fax or email attachment).**

Exhibiting Company:	
Booth No:	
Name of person in charge:	Mobile:
Tel:	Fax:
E-mail:	
Signature:	Date: