

Bahamas Conference of the AME Church
INDIVIDUAL RESERVATION FORM
(Please use one form per guestroom)

NAME OF GUEST: _____

GUEST ADDRESS: _____ CITY/STATE: _____

ZIP: _____

PHONE: _____ E-MAIL: _____

ARR. DATE: _____ EST. TIME: _____
DEP. DATE: _____ EST. TIME: _____
Room Category Request: _____
Bed Type Request (King or (2) Doubles): _____
Nightly Rate PER PERSON: = \$ _____
Guests/Room: X Pax _____
Nightly ROOM RATE: = \$ _____
Nights = X Nts _____
ESTIMATED GUEST CHARGES: = \$ _____

ALL INCLUSIVE PLAN (AIP) NIGHTLY PACKAGE RATES				
ROOM CATEGORIES (based on availability):	Single Occ	Double Occ	3 rd Adult	Child (Ages 2-12)
Deluxe Pool View Room	\$260	\$170/pp	\$128	\$ 85
Premium Ocean View Room	\$305	\$185/pp	\$139	\$ 93
Level Rooms	\$440	\$230/pp	\$188	\$125
Level Master Suite (Jr.)	\$490	\$250/pp	N/A	N/A
1-Bedroom Ocean View Suite	\$710	\$380/pp	\$285	\$190
2-Bedroom Ocean View Suite	\$810	\$480/pp	\$360	\$240

OBSERVATIONS:

- Group Room Rates noted above are quoted in US Dollars, PER PERSON, per night, single and double occupancy, with the option for a third or fourth person (child) in all rooms except for The Level Junior Suite.
- Children under (2) years old stay for free, when sharing the same room with their parents; children over the age of (12) years are charged at the adult rate.
- Maximum room capacity is (2) adults and (2) children or (3) adults and (1) child. Quad occupancy is not permitted for adults.
- The Group Rate may apply (3) days before and (3) days after the program dates, subject to availability.
- Rate does not include private group meetings.
- Starbucks and dinner in Black Angus restaurant are not part of the All Inclusive Plan.
- Room Service is available; delivery fee will be applied for any category below The Level

ALL INCLUSIVE PLAN (AIP) RATES INCLUDE:

- Unlimited Select Brand Liquors, Wines by the Glass, Local Domestic Beer, Bottled Water and Soft Drinks
- Unlimited Dining Experience (Starbucks and Black Angus restaurant not included)
- Room Service is available; delivery fee will be applied for any category below The Level
- Private Group Events (Event Fees will apply)
- Guest Room Mini Bar Stocked Daily
- Late Night Snacks

- Gratuities for Bellmen, Doormen, Housekeeping, Beach and Pool Attendants
- Gratuities for all Food & Beverage included in the All Inclusive Plan
- Complimentary Wi-Fi throughout the Resort
- Complimentary Local Telephone Calls
- Complimentary use of PressReader, offering thousands of the world's most popular newspapers and magazines.
- Gratuities for Bellmen, Doorman, Housekeeping, Beach & Pool Attendants
- Kid's Club, as well as Daily activities for the Whole Family and Nightly Entertainment
- Use of most non-motorized Water Sports equipment
- All applicable Taxes and Levies for the All Inclusive Plan inclusions (Government VAT and Room Levy)

CUTOFF: Cutoff date for reservations is **October 08, 2017**. After this date any reservations made may be subject to higher rates.

CANCELLATION POLICY: Reservation cancellations must be received by Hotel at least (10) days prior to arrival to avoid being charged a cancellation fee based on the above All-Inclusive Plan (AIP) Package Rate. Cancellations made (4-9) days prior to arrival will be charged a cancellation fee of two night's All Inclusive Plan (AIP) Package Rate. "No Shows" or cancellations made less than (4) days prior to arrival will be charged the full reservation amount, based on the All Inclusive Plan (AIP) Package Rate.

★★ A VALID CREDIT CARD WILL BE REQUIRED BY ALL GUESTS TO GUARANTEE INCIDENTAL CHARGES ★★

The Meliá Nassau Beach requires a non-refundable deposit made with a major credit card for One Night's All Inclusive Package Rate, as noted above. This reservation & deposit form must be received by Hotel to guarantee guestroom reservations. Please include copy of the front & back of your credit card to verify signature.

CREDIT CARD TYPE: _____ AMX _____ MC _____ VISA _____ DISCOVER _____ DINERS _____

CREDIT CARD NUMBER: _____ EXPIRATION: _____

I hereby authorize Meliá Nassau Beach to charge the aforementioned credit card for the following deposit: \$ _____

PRINTED NAME, AS IT APPEARS ON CREDIT CARD: _____

BILLING ADDRESS: _____ CITY/STATE: _____ ZIP: _____

SIGNATURE: _____ DATE: _____

E-Mail to: reservations.melia.nassau.beach@melia.com or Fax to: 1.242.327.5968
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