



Hotel Reservation Form

Please Return Room Form To The Following Address Below
All Room Reservation Forms Must Be Submitted No Later Than June 7th, 2009

International University For Graduate Studies
3611 Henry Hudson Parkway
Riverdale, NY 10463-1545
Fax: (718) 796-3612

Name _____

Address _____

City _____ State _____ Zip-code _____ Country _____

Telephone _____ Email _____

Arrival Date _____ Airline/flight# _____ # in Party _____

Departure Date _____ Airline/flight# _____ # in Party _____

Room Rates- Please mark One Option
**All Rates include a full buffet breakfast served daily in calypso Restaurant, they exclude 9% tax and 10% service charge

Deluxe Room (with balcony) { } Single Room US\$135.00 { } Double Room US\$155.00

Special Requests: (based on availability)
 King Size Bed Two Double Beds Non Smoking

All Reservations must be guaranteed by a credit card. Please note there will be two nights deposit charged to the credit card once the reservation form is submitted to the Hotel. This deposit will be refunded only if booking is cancelled at least 14 days prior to arrival.

Visa Mastercard Amex Other _____

Credit Card Number _____

Authorization Code# _____

Name of Card Holder _____

Signature _____ Date _____

