



FHRAI-IATO AGREEMENT ON CODE OF PRACTICE

Annexure -4

CHECKLIST FOR CONTRACTS CONCERNING INDIVIDUAL CLIENTS AND GROUPS (not applicable to allotment contracts)

1. RESERVATION AND FORMATION OF THE CONTRACT

- a) mentioning of the contracting parties and their contractual competence and that of their representatives.
- b) reservation request - followed by a written confirmation if the request has been made verbally.
- c) indication of the services to be rendered.
- d) date of commencement and termination of the contract.
- e) availability of the accommodation for the client.
- f) information on the category and location of the hotel and services available.

2. PRICE CONDITIONS AND PAYMENT

- a) guarantee of payment by the tour operator
- b) prices of services to be rendered
- c) advance payment if any, and status of such payment (earnest money, guarantee deposit, reservation fee...) if mutually agreed to.
- d) any special payment arrangements (full credit, voucher, direct payment by the client, credit card payments.....)
- e) notice to be given for price changes.
- f) time limits for payments
- g) interest on late payments
- h) partial payments during stays of long duration
- i) method of calculation of exchange rate if the contract is in US dollars or any other foreign currency.

3. COMMISSION

- a) amount, method and date of payment of commission due to the tour operator.
- b) basis for calculation of commission (net or gross of taxes and service charges)
- c) commission arrangements for extension of stays
- d) maximum period of commissionable stay
- e) services that are commissionable

4. CANCELLATION, NO-SHOW

- a) conditions and form for valid cancellation
- b) time-limits for valid cancellation
- c) compensation for late cancellation
- d) compensation for no-show
- e) compensation for premature departure or non-utilisation of the services ordered.

5. SPECIAL CONDITIONS FOR GROUPS

- a) applicability of group rates
- b) arrangements for supply of rooming lists for the group
- c) payment conditions for the group
- d) conditions in case of partial cancellation



FHRAI - IATO AGREEMENT ON CODE OF PRACTICE

ANNEX 5

INDIVIDUAL CLIENT CONTRACTS★

(one contract per group under 15 pax)

1. CONTRACTING PARTIES

Hotel :

Company name: _____

Address: _____

Tel : _____

Fax : _____

e-mail : _____

Licence number : _____

Sales Tax number : _____

Membership No. of FHRAI : _____

Authorised person – name and title : _____

Tour Operator :

Company name : _____

Address : _____

Tel : _____

Fax : _____

e-mail : _____

Any relevant reference / licence no.: _____

Membership no. of IATO : _____

Authorised person – name and title : _____

2. PURPOSE OF THE CONTRACT

Reservation in the hotel _____

(above mentioned or name, address and city)

for the services mentioned thereafter :

This contract is based on the FHRAI - IATO Agreement on Code of Practice and article numbers quoted herein refer to the corresponding articles.

★ See Article 15

3. BOOKING CONDITIONS (articles 8-9-10)

a) Arrival and departure

| | | | | | | | | | |
|---------------------------|--|-------|------|------|--|-------|------|------|------------------|
| Number of persons planned | ARRIVAL AT HOTEL | | | | DEPARTURE FROM HOTEL | | | | Number of nights |
| | Day | Month | Year | time | Day | Month | Year | time | |
| Optional information | Means of transport : _____ Flight / _____ no. : _____ | | | | Means of transport : _____ Flight / _____ no. : _____ | | | | |

b) Accommodation

CLIENTS

| | | | | |
|----------------------------|---------------------------------|----------------------------|----------------------------|-----------------------|
| Single room(s) (number) | Twin bedded room(s) (number) | Double room(s) (number) | Triple room(s) (number) | Suite (s) (number) |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

TOUR LEADER / GUIDE / DRIVER

| | | |
|---------------------------------------|-------------------------------------|--|
| <input type="text"/> Persons (number) | <input type="text"/> Single room(s) | <input type="text"/> Twin bedded room(s) |
|---------------------------------------|-------------------------------------|--|

c) Room facilities

| | | | | |
|-----------------------|-----------------------|-------------------------|--|--|
| Bath/WC (number) | Shower/WC (number) | Heating (cross) | Air conditioning (cross) | Minibar (cross) |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Television (cross) | Telephone (cross) | Safe in room (cross) | Tea/Coffee maker in room (cross) | Computer / fax / internet connection in room (cross) |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Other facilities / requirements : _____

d) Meals

| | | |
|--|---|-----------------------|
| Breakfast In breakfast lounge / coffee shop Continental/buffet/American (cross) | Half-board with lunch or dinner (cross) | Full-board (cross) |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| (special meal requested) | (special meal requested) | |
| Breakfast (time) | Lunch (time) | Dinner (time) |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

Other Facilities / Requirements : _____

e) Other services _____

4. PRICE AND PAYMENT (articles 11-12-13-14)

Price per day per person per room / unit in _____ (currency) – taxes and service charge included. (Mention taxes if not included). Method of currency conversion _____

net price (non commissionable)

commission : _____ %
(specify)

| Type of room | Facilities | | | | Adjacent rates include the following meal plan |
|---------------|-------------|-----------|---------------------------|-----------------|--|
| | Shower / WC | Bath / WC | Bath and WC on same floor | Air conditioned | |
| Single | | | | | Room only |
| | | | | | Breakfast |
| | | | | | Halfboard |
| | | | | | Fullboard |
| Double / Twin | | | | | Room only |
| | | | | | Breakfast |
| | | | | | Halfboard |
| | | | | | Fullboard |
| Triple | | | | | Room only |
| | | | | | Breakfast |
| | | | | | Halfboard |
| | | | | | Fullboard |
| Suite | | | | | Room only |
| | | | | | Room only |
| | | | | | Breakfast |
| | | | | | Halfboard |
| | | | | | Fullboard |

Special requests : _____

Special requests : _____

Other services : _____

a) Price supplement

Early arrival / late departure :

Other : _____
(please specify)

b) Arrangements for payment

Prepayment :

Reservation fees (per person / room) or Guarantee deposit (per person / room) or Advance payment (per person / room) or Earnest money (*) (per person / room)

Payment :

Payment against invoice within a given deadline :

Means of payment : _____

Interest on late payment (in %)

* see FHRAI - IATO Code of Practice – Annexure I Definitions

5. CANCELLATION (articles 16-17-18-19 and annex 2-3)

a) Without compensation

- 14 days for 5 to 9 pax and 1 day (24 hours) for less than 5 pax in high season
- 3 days (72 hours) for 5 to 9 pax and 1 day (24 hours) for less than 5 pax in low season
- Or As per agreement between hotel & TO

b) With compensation

- in high season
 - for a stay of 1 or 2 nights : 1 night compensation
 - for a stay of 3 nights or more : one night compensation or as per agreement between hotel & TO
- in low season : 1 night compensation
- other compensation (specify) : _____

6. TRANSMISSION OF THE ROOMING LIST TO THE HOTEL (article 21)

Days prior to arrival of the group

7. SETTLEMENT OF DISPUTES (articles 29)

The parties agree to submit any dispute arising from this contract to :

- Cancellation / Agency for cancellation
- Arbitration / Agency for Arbitration
- The court / city of jurisdiction
- Other (specify) : _____

8. CODE OF PRACTICE

The parties to this contract acknowledge that they are aware of the terms and conditions of the FHRAI - IATO Code of Practice.

Done in duplicates in : _____, on _____.

FOR THE HOTEL
name and title of authorised person :

(Signature)

FOR THE TOUR OPERATOR
name and title of authorised person :

(Signature)



FHRAI - IATO AGREEMENT ON CODE OF PRACTICE

ANNEX 6

GROUP CONTRACTS★

(one contract per group)

1. CONTRACTING PARTIES

Hotel :

Company name: _____

Address: _____

Tel : _____

Fax : _____

e-mail : _____

Sales Tax number : _____

FHRAI Membership No. : _____

Authorised person – name and title :

Tour Operator :

Company name : _____

Address : _____

Tel : _____

Fax : _____

e-mail : _____

Any reference / licence no.: _____

IATO Membership No. : _____

Authorised person – name and title :

2. PURPOSE OF THE CONTRACT

Reservation in the hotel _____

(above mentioned or name, address and city)

for the services mentioned thereafter :

This contract is based on the FHRAI - IATO Agreement on Code of Practice and article numbers quoted herein refer to the corresponding articles.

★ See Article 15

3. BOOKING CONDITIONS (articles 8-9-10)

a) Arrival and departure

| Number of persons planned in the Group | ARRIVAL AT HOTEL | | | | DEPARTURE FROM HOTEL | | | | Number of nights |
|--|--|-------|------|------|--|-------|------|------|------------------|
| | Day | Month | Year | time | Day | Month | Year | time | |
| | | | | | | | | | |
| Optional information | Means of transport : _____ Flight / _____ no. : _____ | | | | Means of transport : _____ Flight / _____ no. : _____ | | | | |

b) Accommodation

CLIENTS

| | | | | |
|----------------------------|---------------------------------|----------------------------|----------------------------|-----------------------|
| Single room(s) (number) | Twin bedded room(s) (number) | Double room(s) (number) | Triple room(s) (number) | Suite (s) (number) |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

TOUR LEADER / GUIDE / DRIVER

| | | |
|---------------------------------------|-------------------------------------|--|
| <input type="text"/> Persons (number) | <input type="text"/> Single room(s) | <input type="text"/> Twin bedded room(s) |
|---------------------------------------|-------------------------------------|--|

c) Room facilities

| | | | | |
|-----------------------|-----------------------|-------------------------|--|--|
| Bath/WC (number) | Shower/WC (number) | Heating (cross) | Air conditioning (cross) | Minibar (cross) |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Television (cross) | Telephone (cross) | Safe in room (cross) | Tea/Coffee maker in room (cross) | Computer / fax / internet connection in room (cross) |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Other facilities / requirements : _____

d) Meals

| | | |
|--|---|--------------------------|
| Breakfast In breakfast lounge / coffee shop Continental/buffet/American (cross) | Half-board with lunch or dinner (cross) | Full-board (cross) |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| (number) | | |
| _____ | <input type="text"/> | _____ |
| (special meal requested) | | (special meal requested) |
| Breakfast (time) | Lunch (time) | Dinner (time) |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

Other Facilities / Requirements : _____

e) Other services _____

4. PRICE AND PAYMENT (articles 11-12-13-14)

Price per day per person per room / unit in _____ (currency) – taxes and service charge included. (Mention taxes if not included). Method of currency conversion _____

net price (non commissionable)

commission : _____ %
(specify)

| Type of room | Facilities | | | | Adjacent rates include the following meal plan |
|---------------|-------------|-----------|---------------------------|-----------------|--|
| | Shower / WC | Bath / WC | Bath and WC on same floor | Air conditioned | |
| Single | | | | | Room only |
| | | | | | Breakfast |
| | | | | | Halfboard |
| | | | | | Fullboard |
| Double / Twin | | | | | Room only |
| | | | | | Breakfast |
| | | | | | Halfboard |
| | | | | | Fullboard |
| Triple | | | | | Room only |
| | | | | | Breakfast |
| | | | | | Halfboard |
| | | | | | Fullboard |
| Suite | | | | | Room only |
| | | | | | Room only |
| | | | | | Breakfast |
| | | | | | Halfboard |
| | | | | | Fullboard |

Special requests : _____

Special requests : _____

Other services : _____

a) Price supplement

Early arrival / late departure :

Other : _____
(please specify)

b) Arrangements for payment

Prepayment :

Reservation fees (per person / room) or Guarantee deposit (per person / room) or Advance payment (per person / room) or Earnest money (*) (per person / room)

Payment :

Payment against invoice within a given deadline :

Means of payment : _____

Interest on late payment (in %)

* see FHRAI - IATO Code of Practice – Annexure I Definitions

5. CANCELLATION (articles 16-17-18-19 and annex 2-3)

a) Without compensation

Up to 100% of the group : days prior to arrival

Up to 50% of the group : days prior to arrival

Up to 25% of the group : days prior to arrival

b) With compensation

Amount of : _____

2/3 of the price of the reserved services (minimum 1 night per cancelled client)

Cancellation made 3 days prior to arrival : ¾ of the price of the reserved services.

other compensation (specify) : _____

6. TRANSMISSION OF THE ROOMING LIST TO THE HOTEL (article 21)

Days prior to arrival of the group

7. SETTLEMENT OF DISPUTES (articles 29)

The parties agree to submit any dispute arising from this contract to :

Cancellation by Rules of Indian Council of Arbitration

The Indian Council of Arbitration / Agency for Arbitration

The Court and Tribunals of the city where the service in dispute was rendered

Other (specify) : _____

8. CODE OF PRACTICE

The parties to this contract acknowledge that they are aware of the terms and conditions of the FHRAI - IATO Code of Practice.

Done in duplicates in : _____, on _____.

FOR THE HOTEL
name and title of authorised person :

(Signature)

FOR THE TOUR OPERATOR
name and title of authorised person :

(Signature)



FHRAI - IATO AGREEMENT ON CODE OF PRACTICE

ANNEX 7

ALLOTMENT CONTRACTS ★

1. CONTRACTING PARTIES

Hotel :

Company name: _____

Address: _____

Tel : _____

Fax : _____

e-mail : _____

Sales Tax Licence No. : _____

FHRAI Membership No. : _____

Authorised person – name and title :

Tour Operator :

Company name : _____

Address : _____

Tel : _____

Fax :

e-mail : _____

Reference/Licence No.: _____

IATO Membership No. : _____

Authorised person – name and title :

2. PURPOSE OF THE CONTRACT

Allotment in : _____

(specify names, addresses and city)

for the services mentioned thereafter :

This contract is based on the FHRAI - IATO Agreement on Code of Practice and article numbers quoted herein refer to the corresponding articles.

★ ALLOTMENT CONTRACT APPLIES TO ACCOMMODATION & SERVICES BOOKED BY A TOUR OPERATOR FOR A SEASON FOR A SPECIFIC NUMBER OF GROUPS FOR A SPECIFIC PERIOD OF TIME AT SPECIFIC TIMES THROUGHOUT THE SEASON

3. ALLOTMENT CONDITIONS (articles 8-9-10)

| PERIODS | | Low Season | | Mid Season | | High Season | |
|-----------------------------------|-------------------------|-----------------|----------|-----------------|----------|-----------------|----------|
| | | From From | to to | From From | to to | From From | to to |
| ALLOTMENT | | Number of Rooms | | Number of Rooms | | Number of Rooms | |
| | | A/C | Non A/C | A/C | Non A/C | A/C | Non A/C |
| Single | Shower/WC | | | | | | |
| | Bath/WC | | | | | | |
| | Bath & WC on same floor | | | | | | |
| Double | Shower/WC | | | | | | |
| | Bath/WC | | | | | | |
| | Bath & WC on same floor | | | | | | |
| Twin | Shower/WC | | | | | | |
| | Bath/WC | | | | | | |
| | Bath & WC on same floor | | | | | | |
| Suite | Shower/WC | | | | | | |
| | Bath/WC | | | | | | |
| | Bath & WC on same floor | | | | | | |
| Single Mountain, sea view etc. | Shower/WC | | | | | | |
| | Bath/WC | | | | | | |
| | Bath & WC on same floor | | | | | | |
| Double Mountain sea view etc. | Shower/WC | | | | | | |
| | Bath/WC | | | | | | |
| | Bath & WC on same floor | | | | | | |
| Twin Mountain sea view etc. | Shower/WC | | | | | | |
| | Bath/WC | | | | | | |
| | Bath & WC on same floor | | | | | | |
| Suite Mountain sea view etc. | Shower/WC | | | | | | |
| | Bath/WC | | | | | | |
| | Bath & WC on same floor | | | | | | |

4. PRICES (articles 11-12-13-14)

| PERIODS | Low Season | | Mid Season | | High Season | |
|---|--------------|----------|--------------|----------|--------------|----------|
| | From From | to to | From From | to to | From From | to to |
| Accommodation only | | | | | | |
| Accommodation & Breakfast | | | | | | |
| Half-board | | | | | | |
| Full board | | | | | | |
| Single supplement | | | | | | |
| Sea/Mountain / any other supplement | | | | | | |
| Supplement for additional bed For _____ years * For accommodation only * For Accommodation & Breakfast * For Half-board * For Full board | | | | | | |
| Other supplements : _____ | | | | | | |

Prices are indicated in (currency) _____. They are non commissionable, applicable per day and per person, taxes and services included. (Indicate if otherwise)
Reductions and _____

5. PUBLICATION

By signing the present contract, the tour operator agrees to publish *information* on the hotel free of charge in his brochure and to allocate to the hotel a space and illustration of at least the size and quality he would have allocated to hotels of similar standing in the same zone.

The signatory of the present contract declares having seen, visited and approved the hotel. The description of its premises in *the tour operator's* brochure (text and photos) must conform to reality.

Prior agreement must be obtained from the general management of the hotel on the text and photos to be published, failing which the tour operator will be liable for all the consequences arising from an inaccurate description.

The tour operator shall send the hotel _____ copies of his brochure on publication.

6. ROOMS and SERVICES

a) The specifications of the rooms allocated by the hotel are outlined in the table in Sr. No. 3 which the tour operator shall expressly approve without reservation.

The hotel shall not be held liable if these specifications and services do not concur with those designated on the clients' vouchers. If the hotel fails to provide part of the services, the reimbursement of these (non provided) services will be paid to the tour operator on the condition that the latter can prove the hotelier's failure to provide. Any additional service ordered by the client shall be paid directly to the hotel.

b) Additional services

Price in _____ inclusive of all taxes and service:

7. RESERVATION AND ROOM RELEASE

The definitive rooming list indicating the allocation of *clients* per room must be communicated to the hotel before the clients' scheduled date of arrival:

- By at least _____ days for low season
- By at least _____ days for mid-season
- By at least _____ days for high season
- _____

Once the seasonal deadline for releasing rooms has passed, the hotel may re-allocate the unconfirmed rooms of the allotment at his convenience.

All reservations must include the full name of the client, including the designation Mr, Mrs or Miss.

Changes to the names on the rooming list held by the hotel may only be made before the release deadline.

All oral communication or information between the signatories of the present contract must necessarily be confirmed in writing. Each rooming list forwarded to the hotel shall be registered by him and shall necessarily indicate:

- the name of the tour operator's representative who forwarded it
- the means of transmission used (mail, e-mail, fax, courier...)
- the day and time of arrival at the hotel, as well as the name of the *person* who recorded it.

A copy of this document must be signed by the hotel and returned to the tour operator as a discharge of liability.

The tour operator undertakes to provide the hotel at the end of each month with a statement of the reservations in single, double or twin or suite occupancy, stipulating the *required* arrangement and the periods covered by each reservation.

8. DELAYS

In case of late arrivals, the hotel shall do his utmost to provide the services stipulated or (*failing this*) a substitute service. However, (*in neither case*) shall the tour operator be entitled to claim a reduction on the hotel package.

In the case of delayed or cancelled departures, the hotel shall claim payment for the additional services not stipulated in the contract directly from the client.

9. RESERVATIONS OUTSIDE SCHEDULED DEADLINE AND ALLOTMENT

Reservations received by the hotel after the agreed deadlines may be accepted by the hotel according to availability.

Reservations over and above the allotment may be accepted at the hotel's discretion and according to availability.

10. CANCELLATIONS

The tour operator must respect the following deadlines for notifying the hotel of cancellations:

- at least _____ days for low season
- at least _____ days for mid season
- at least _____ days for high season
- _____

Except in cases of proven force majeure, compensation due per cancelled reservation after the agreed deadlines is based on the package rate for three nights according to the *agreed* arrangement. In case of early departure or non-utilisation of the scheduled services, the tour operator shall pay the entire schedule of services.

11. RELODGING

If for any reason the hotel is obliged to lodge one or several clients in another establishment, the latter must be of a similar or superior category.

In all cases, the services provided must be at least equivalent to those stipulated in the contract.

The hotel shall advise the tour operator in writing of this change. The tour operator (*in turn*) shall then immediately advise the clients.

If the services provided in the replacement hotel are inferior

to those originally stipulated, the tour operator shall be entitled to claim compensation.

12. ALLOTMENT REVISION

If the tour operator reaches an occupancy rate below..... % in low season, the hotel shall be entitled to reduce or cancel the high season allotment.

13. COMPLAINTS

If the client has a complaint regarding any service, he must notify the hotel management of this complaint during the course of his stay.

14. PAYMENT CONDITIONS

Payment arrangements

- Pre-payment
- Guarantee deposit plus invoice
- advance payment
- others plus invoice
- payment on arrival
- bank guarantee plus invoice

15. SIGNATURE AND VALIDITY OF CONTRACT

If the contract has not been signed and returned by the tour operator, the hotel may consider it null and void and may dispose of the allotment as he sees fit.

The present contract shall be valid once signed by (*both*) contracting parties.

16. DISPUTE SETTLEMENT

If the interpretation of one of the clauses of the contract is disputed or contested, the present contract alone will be deemed valid.

The signature of the present contract implies its total acceptance by the tour operator, even if the hotel is required for other reasons suiting the tour operator to countersign a second contract translated into another language.

The two signatories of the present contract shall therefore

undertake not to approve simultaneously a second contract for the same purpose containing different clauses or conditions. Such a contract would be null and void.

17. FORCE MAJEURE

If one of the parties to the hotel contract is unable to honour his commitments for reasons of force majeure, i.e. "unforeseeable, irresistible events beyond his control", that party shall be released from its obligations and no compensation shall be due.

In cases of force majeure, when either the hotel or tour operator is unable to fulfil his obligations, he shall immediately advise the other party by all means available to him, so as to keep damage to a minimum.

It is up to the party claiming force majeure to prove this.

18. AMICABLE SETTLEMENT of DISPUTES

In case of disagreement even when force majeure is cited, the contracting parties shall attempt to reach an amicable settlement. If this proves impossible, each of the parties may seek settlement through arbitration (Article 30 of FHRAI-IATO Agreement).

19. SETTLEMENT OF DISPUTES

a) Any international dispute arising from a contract between a hotel and a tour operator may be submitted for conciliation and arbitration to the IH&RA/UFTAA Liaison Committee.

b) In case of a written agreement between the two parties to seek IH&RA/UFTAA arbitration, the first party to take action must submit an arbitration request to his international federation and transmit all the relevant documents (*to that body*).

20. OTHER SPECIFIC CONDITIONS

_____ on (date) _____

Read and approved
For the tour operator

Name
First name
Title

Signature & official stamp

Read and approved
for the hotel

Name
First name
Title

Signature & official stamp



FHRAI - IATO AGREEMENT ON CODE OF PRACTICE

ANNEX 8

CONTRACTS FOR MEETINGS, INCENTIVES, CONVENTIONS & EXHIBITIONS

1. CONTRACTING PARTIES

Hotel :

Company name: _____

Address: _____

Tel : _____

Fax : _____

e-mail : _____

Sales Tax Licence No.: _____

FHRAI Membership No. : _____

Coordinator - name and title

TO/PCO/Tour Operator :

Company name : _____

Address : _____

Tel : _____

Fax : _____

e-mail : _____

Reference/Licence No.: _____

IATO Membership No. : _____

Coordinator - name and title

2. PURPOSE OF THE CONTRACT

Identification of the event : _____

Date : From _____ to _____

Programme annexed

for the services mentioned thereafter :

This contract is based on the FHRAI - IATO Agreement on Code of Practice

3. ACCOMMODATION

a) Participants

| Number of people accommodated during event | Arrival date | | | Departure date | | | Number of nights |
|--|---|-------|------|---|-------|------|------------------|
| | Day | Month | Year | Day | Month | Year | |
| | | | | | | | |
| Other information When applicable | Transport : _____ Flight no : _____ Date _____ | | | Transport : _____ Flight no : _____ Date _____ | | | |

Single room(s)
(number)

| | |
|----|----|
| | |
| S* | NS |

Twin room (s)
(number)

| | |
|----|----|
| | |
| S* | NS |

Double room (s)
(number)

| | |
|----|----|
| | |
| S* | NS |

Suite (s)
(number)

| | |
|----|----|
| | |
| S* | NS |

Bath/WC
(number)

Shower/WC
(number)

Central heating
(cross)

Air conditioning
(cross)

Tea/Coffee maker
in the room

Minibar
(cross)

Accessibility for
handicapped persons
(cross)

Television
(cross)

Telephone
(cross)

Safe in room
(cross)

Computer / internet /
fax in the room
(cross)

| | | |
|--|--|--|
| | | |
|--|--|--|

Other facilities / requirements : _____

S* = Smoking, NS = Non Smoking

b) Organisers

| Number of people during event | Arrival date | | | Departure date | | | Number of nights |
|--------------------------------------|---|-------|------|---|-------|------|------------------|
| | Day | Month | Year | Day | Month | Year | |
| | | | | | | | |
| Other information When applicable | Transport : _____ Flight no : _____ Date _____ | | | Transport : _____ Flight no : _____ Date _____ | | | |

Single room(s)
(number)

| | |
|----|----|
| | |
| S* | NS |

Twin room (s)
(number)

| | |
|----|----|
| | |
| S* | NS |

Double room (s)
(number)

| | |
|----|----|
| | |
| S* | NS |

Suite (s)
(number)

| | |
|----|----|
| | |
| S* | NS |

Bath/WC
(number)

Shower/WC
(number)

Central heating
(cross)

Air conditioning
(cross)

Minibar
(cross)

Accessibility for
handicapped persons
(cross)

Television
(cross)

Telephone
(cross)

Safe in room
(cross)

Tea/Coffee maker
in the room

Computer / internet /
fax in the room
(cross)

| | | |
|--|--|--|
| | | |
|--|--|--|

c) VIP's

| | | | | | | | |
|--|---|-------|------|---|-------|------|------------------|
| Number of people accommodated during event | Arrival date | | | Departure date | | | Number of nights |
| | Day | Month | Year | Day | Month | Year | |
| Other information When applicable | Transport : _____ Flight no : _____ Date _____ | | | Transport : _____ Flight no : _____ Date _____ | | | |

| | | | | | | | | | | | | | | | | | | | | | |
|--|---------------------------|-----------------------------|-----------------------------|------------------------------------|--|--|--|----|----|--|--|--|----|----|--|--|--|----|----|--|--|
| Single room(s) (number) | Twin room (s) (number) | Double room (s) (number) | Suite (s) (number) | | | | | | | | | | | | | | | | | | |
| <table border="1"><tr><td> </td><td> </td></tr><tr><td>S*</td><td>NS</td></tr></table> | | | S* | NS | <table border="1"><tr><td> </td><td> </td></tr><tr><td>S*</td><td>NS</td></tr></table> | | | S* | NS | <table border="1"><tr><td> </td><td> </td></tr><tr><td>S*</td><td>NS</td></tr></table> | | | S* | NS | <table border="1"><tr><td> </td><td> </td></tr><tr><td>S*</td><td>NS</td></tr></table> | | | S* | NS | | |
| | | | | | | | | | | | | | | | | | | | | | |
| S* | NS | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| S* | NS | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| S* | NS | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| S* | NS | | | | | | | | | | | | | | | | | | | | |
| Bath/WC (number) | Shower/WC (number) | Central heating (cross) | Air conditioning (cross) | Minibar (cross) | | | | | | | | | | | | | | | | | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | | | | | | | | | | | | | | | | | |
| Accessibility for handicapped persons (cross) | Television (cross) | Telephone (cross) | Safe in room (cross) | Tea/Coffee maker in the room | Computer / internet / fax in the room (cross) | | | | | | | | | | | | | | | | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <table border="1"><tr><td> </td><td> </td><td> </td></tr></table> | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |

Other facilities / requirements : _____

d) Special conditions

Upgrade: _____

Check-in/Check out policy : _____

Rooming list (deadline) : _____

_____ (or Art. 21 of FHRAI-IATO Agreement)

e) Price :**

4. FOOD & BEVERAGE

Breakfast : Continental Buffet American

Breakfast time From _____ to _____

Please specify the number of persons:

| day | Lunch | Buffet Dinner | Coktail | Welcome reception | Gala Dinner (Sit Down) | Coffee break am | Coffee break pm | Any other (Specify) |
|-----|-------|---------------|---------|-------------------|------------------------|-----------------|-----------------|---------------------|
| 1 | | | | | | | | |
| 2 | | | | | | | | |
| 3 | | | | | | | | |
| 4 | | | | | | | | |
| 5 | | | | | | | | |

Drinks: _____

*S = SMOKING NS = NO SMOKING

** To be decided by parties according to the annexed check-list. For each service, please indicate the price per item.

Special diet requirements : _____

Price** : _____

5. MEETING AND FUNCTIONS ROOMS**

6. AUDIO - VISUAL**

7. EQUIPMENTS**

8. PRINTING AND STATIONARY**

9. TRANSPORT**

10. ORGANIZATION**

11. ENTERTAINMENT**

12. ADDITIONAL SERVICES**

13. HUMAN RESOURCES**

** To be decided by parties according to the annexed check-list. For each service, please indicate the price per item.

14. PRICES

Currency :

| | | |
|---------------------------|-------|--|
| Accommodation | Total | |
| F&B | Total | |
| Meeting & Functions Rooms | Total | |
| Audio-Visual | Total | |
| Equipment | Total | |
| Print & Stationary | Total | |
| Transport | Total | |
| Organization | Total | |
| Entertainment | Total | |
| Additional Services | Total | |
| Human Resources | Total | |
| Other charges | Total | |
| | Total | |

Special rates for additional nights before and after the event:

from _____ to _____

15. BILLING**AND MEANS OF PAYMENT** :

16. DATE AND SIGNATURE

Date:

For the Hotel :

For TO/PCO/Tour Operator :

Name of signatory :

Name of the signatory :

Designation :

Designation :

Company stamps :

Company stamps :

FHRAI - IATO AGREEMENT ON CODE OF PRACTICE

ANNEX 9

CHECK LIST FOR MICE CONTRACTS

1. ACCOMMODATION

| | | | |
|-------------------------|--------------------------|---------------------------------------|--------------------------|
| Reservation | <input type="checkbox"/> | In-room amenities | <input type="checkbox"/> |
| Cancellation policy | <input type="checkbox"/> | Smoking/non-smoking rooms | <input type="checkbox"/> |
| Rooming list | <input type="checkbox"/> | Check in / out policy | <input type="checkbox"/> |
| Gratuities and upgrades | <input type="checkbox"/> | Accessibility for handicapped persons | <input type="checkbox"/> |

2. FOOD AND BEVERAGE

| | | | |
|------------------------------|--------------------------|----------------------------------|--------------------------|
| Breakfasts/ lunches/ dinners | <input type="checkbox"/> | Food Tasting | <input type="checkbox"/> |
| Coffee breaks | <input type="checkbox"/> | Meals and performers | <input type="checkbox"/> |
| Snacks | <input type="checkbox"/> | Aperitifs / wines / champagens | <input type="checkbox"/> |
| Welcome reception | <input type="checkbox"/> | Digestives / biscuits / pastries | <input type="checkbox"/> |
| Cocktails | <input type="checkbox"/> | Special diet requirements | <input type="checkbox"/> |
| Gala dinners | <input type="checkbox"/> | Any other (specify) | <input type="checkbox"/> |

3. MEETING AND FUNCTION ROOMS

| | | | |
|----------------------------|--------------------------|---------------------|--------------------------|
| Reservation and dimensions | <input type="checkbox"/> | Secretariat | <input type="checkbox"/> |
| Meeting rooms | <input type="checkbox"/> | Cloakroom | <input type="checkbox"/> |
| Exhibition space | <input type="checkbox"/> | Room decoration | <input type="checkbox"/> |
| VIP lounge | <input type="checkbox"/> | Room set up | <input type="checkbox"/> |
| Press room | <input type="checkbox"/> | Podium | <input type="checkbox"/> |
| Stage | <input type="checkbox"/> | Changing room | <input type="checkbox"/> |
| Lectern | <input type="checkbox"/> | Reception desk | <input type="checkbox"/> |
| Built-in screens | <input type="checkbox"/> | Beverages | <input type="checkbox"/> |
| Dance floor | <input type="checkbox"/> | Any other (specify) | <input type="checkbox"/> |

4. AUDIO-VISUAL

| | | | |
|---|--------------------------|-----------------------------|--------------------------|
| Interpretation booths-installation | <input type="checkbox"/> | Slide projector | <input type="checkbox"/> |
| Hyperlink from organizer to hotel sites | <input type="checkbox"/> | Video projector | <input type="checkbox"/> |
| Interactive voting system | <input type="checkbox"/> | 16 mm movie projector | <input type="checkbox"/> |
| Wireless microphones | <input type="checkbox"/> | LCD projector | <input type="checkbox"/> |
| Lapel microphones | <input type="checkbox"/> | Video camera & movie camera | <input type="checkbox"/> |
| Standing microphones | <input type="checkbox"/> | Tables for projector | <input type="checkbox"/> |
| Desk microphones | <input type="checkbox"/> | Screens | <input type="checkbox"/> |
| Loud speakers | <input type="checkbox"/> | Laser pointer | <input type="checkbox"/> |
| Overhead projector | <input type="checkbox"/> | Walky - talkies | <input type="checkbox"/> |
| | | Any other (specify) | <input type="checkbox"/> |

5. EQUIPMENT

| | | | |
|-----------------------------------|--------------------------|--|--------------------------|
| Delivery of equipment | <input type="checkbox"/> | Tent cards | <input type="checkbox"/> |
| Regular & heavy duty photocopiers | <input type="checkbox"/> | Table number stands | <input type="checkbox"/> |
| PCs, printers & accessories | <input type="checkbox"/> | Podium name cards | <input type="checkbox"/> |
| Fax | <input type="checkbox"/> | Flags | <input type="checkbox"/> |
| Telephone direct lines | <input type="checkbox"/> | Ashtrays | <input type="checkbox"/> |
| House phones | <input type="checkbox"/> | Courtesy of choice programme (smokers / non smokers) | <input type="checkbox"/> |
| IDD / ISDN | <input type="checkbox"/> | Storage | <input type="checkbox"/> |
| Internet access | <input type="checkbox"/> | Lightning system | <input type="checkbox"/> |
| Signage | <input type="checkbox"/> | Blackboards, magic Board | <input type="checkbox"/> |
| Signature book | <input type="checkbox"/> | Chalks, filter pen & erasers | <input type="checkbox"/> |
| Flip chart | <input type="checkbox"/> | Bulletin boards | <input type="checkbox"/> |
| Booth installation and furniture | <input type="checkbox"/> | Candles | <input type="checkbox"/> |
| Bags | <input type="checkbox"/> | Voltage | <input type="checkbox"/> |
| Badges | <input type="checkbox"/> | Any other (specify) | <input type="checkbox"/> |
| Name tags for luggage | <input type="checkbox"/> | | |

6. PRINTING AND STATIONARY

- | | | | |
|----------------------------|--------------------------|---------------------|--------------------------|
| Invitation cards | <input type="checkbox"/> | Banners | <input type="checkbox"/> |
| Programme printing | <input type="checkbox"/> | Writing pads | <input type="checkbox"/> |
| Vouchers & ticket printing | <input type="checkbox"/> | Meeting folders | <input type="checkbox"/> |
| | | Any other (specify) | <input type="checkbox"/> |

7. TRANSPORTATION

- | | | | |
|-------------------------|--------------------------|------------------------|--------------------------|
| Shuttles | <input type="checkbox"/> | Pre & post tours | <input type="checkbox"/> |
| Transfers | <input type="checkbox"/> | Ground transportation | <input type="checkbox"/> |
| Courtesy buses and cars | <input type="checkbox"/> | Parking space & garage | <input type="checkbox"/> |
| Sightseeing tours | <input type="checkbox"/> | Any other (specify) | <input type="checkbox"/> |

8. ORGANIZATION

- | | | | |
|-----------------------------|--------------------------|---------------------------------|--------------------------|
| Private check-in facilities | <input type="checkbox"/> | Budget | <input type="checkbox"/> |
| Security | <input type="checkbox"/> | Protocol & Seating arrangements | <input type="checkbox"/> |
| Head table arrangements | <input type="checkbox"/> | Tickets for events | <input type="checkbox"/> |
| Event insurance | <input type="checkbox"/> | Recreation information | <input type="checkbox"/> |
| Access to business center | <input type="checkbox"/> | Any other (specify) | <input type="checkbox"/> |

9. ENTERTAINMENT

- | | | | |
|-----------------------|--------------------------|-------------------------|--------------------------|
| Show | <input type="checkbox"/> | Karaoke | <input type="checkbox"/> |
| Orchestra - live band | <input type="checkbox"/> | Discotheque | <input type="checkbox"/> |
| Piano | <input type="checkbox"/> | Others (please specify) | <input type="checkbox"/> |
| Folk dance | <input type="checkbox"/> | _____ | |

10. ADDITIONAL SERVICES

- | | | | |
|--|--------------------------|---------------------|--------------------------|
| Inaugural ceremony | <input type="checkbox"/> | Hairdresser | <input type="checkbox"/> |
| Floral decoration | <input type="checkbox"/> | Massage or sauna | <input type="checkbox"/> |
| Banquet chair covers | <input type="checkbox"/> | Thalassotherapy | <input type="checkbox"/> |
| Theme parties | <input type="checkbox"/> | Swimming pool | <input type="checkbox"/> |
| Hospitality suites | <input type="checkbox"/> | Sport facilities | <input type="checkbox"/> |
| Guest room personalized gifts / stationary | <input type="checkbox"/> | Shopping facilities | <input type="checkbox"/> |
| Information through in-house radio & TV | <input type="checkbox"/> | Other functions | <input type="checkbox"/> |
| Meetings rooms decoration | <input type="checkbox"/> | _____ | |
| | | _____ | |

11. HUMAN RESOURCES

- | | | | |
|-------------------------|--------------------------|---------------------|--------------------------|
| Master of Ceremonies | <input type="checkbox"/> | Artists | <input type="checkbox"/> |
| Photographer | <input type="checkbox"/> | Entertainers | <input type="checkbox"/> |
| Audio-visual technician | <input type="checkbox"/> | DJ / Disc jockey | <input type="checkbox"/> |
| Interpreters | <input type="checkbox"/> | Meet & Greet staff | <input type="checkbox"/> |
| Translaters | <input type="checkbox"/> | Any other (specify) | <input type="checkbox"/> |

12. PRICES

- | | | | |
|---|--------------------------|--|--------------------------|
| Special price for pre & post event extra-nights | <input type="checkbox"/> | Applicable on XX days before and after the event | <input type="checkbox"/> |
|---|--------------------------|--|--------------------------|

13. BILLING

- | | | | |
|------------------------------|--------------------------|----------------------------|--------------------------|
| Currency | <input type="checkbox"/> | Phone charges | <input type="checkbox"/> |
| Cut-off dates | <input type="checkbox"/> | Music copyright fees | <input type="checkbox"/> |
| Deposit requirements | <input type="checkbox"/> | Shipping and handling fees | <input type="checkbox"/> |
| Means of payment | <input type="checkbox"/> | Porterage | <input type="checkbox"/> |
| No show charges | <input type="checkbox"/> | Room-drop charges | <input type="checkbox"/> |
| Food and beverage guarantees | <input type="checkbox"/> | Master account | <input type="checkbox"/> |
| Corkage fees | <input type="checkbox"/> | Any other (specify) | <input type="checkbox"/> |