

KAUST Inn Individual Reservation Request



Accommodation
Services

REQUESTOR DETAILS

Requestor

Nature of Request

GUEST DETAILS

Name	Middle name	Last name
Gender	Number of Adults	Number of Children
Check-in Date	* Check-out Date	Number of nights

NUMBER OF GUEST ROOMS (HOTEL STAY)

Standard Room <i>1 queen bed</i>	Hotel Suite <i>1 queen bed</i>	Twin Suite <i>2 single beds</i>	Junior Suite <i>1 king bed</i>	Executive Suite <i>2 king beds / 2 rooms</i>
Guesthouse <i>1 bed / 1 room</i>	Guesthouse <i>3 beds / 3 rooms</i>	Total number of rooms		

BREAKFAST

Number of people	Number of days
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GUEST AFFILIATION

Please choose applicable affiliation

KAUST Research Park Tenants

Please enter Company name

Other

METHOD OF PAYMENT

Guest Payment

Department Payment

Please enter department name

Cost Center / WBS

Remarks

VISITORS GUIDELINES

All guests are required to note and understand the KAUST Visitor guidelines available through the title link above.

PROPONENT ACKNOWLEDGEMENT

I acknowledge that I have read and agree to the Terms and Conditions associated with this request.

Name

KAUST ID

Signature