

FACILITY (HOTEL'S) LISTING FORM

We look forward to list your facility on our Hospitality Publication – Insight Hotelier Magazine, Please confirm the same by sharing your contact details by filling in the form below

Name of the Institution: _____

Postal Address: _P.O. Box _____ Code _____ Town _____

Contact Telephones _____

Email _____

Website: _____

Hotel Rating: _____ (if any by TRA)

Services Offered (Tick where applicable)

- | | |
|----------------------------------------|--------------------------------------------------------------|
| <input type="checkbox"/> Conferences | <input type="checkbox"/> Accommodations - How many Pax _____ |
| <input type="checkbox"/> Swimming pool | <input type="checkbox"/> Any other Services _____ |

Location:

Region / County: _____ Towns: _____

Branches: _____

(Other Group Hotels in chain)

Contact Person _____ Tel No. _____

(General Manager or Director Name & Telephone Numbers for confirmation details)

Date of Listing: _____ Annual Subscription Renewal Month: _____

Publication: **INSIGHT**
hotelier
MAGAZINE

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