

ATLANTIS

PARADISE ISLAND, BAHAMAS™

Deadline:
Faxes must be
received by the
Atlantis no later
than April 14,
2008

Reservation Request Form

GROUP NAME: NATIONAL FIRE SPRINKLER ASSOCIATION ANNUAL MEETING
PROGRAM DATES: MAY 11-20, 2008

GROUP RATES

The Group Rate set out below is quoted per room /per night for single or double occupancy. A maximum of four (4) occupants is accommodated in one room.

The Royal tower rates are:

Single/Double Occupancy Rate: \$250.00 per room per night
Additional per Adult* Rate (max 2): \$45 per adult per night
Child Rate (sharing with one or more adults): no charge

(*Adult=person 12 years or older)

The Cove tower rates are:

Single/Double Occupancy Rate: \$300.00 per room per night
Additional per Adult* Rate (max 2): \$45 per adult per night
Child Rate (sharing with one or more adults): no charge

(*Adult=person 12 years or older)

Group rooms are being held at the group rate for the specified program dates. All rooms requested outside of these dates will be reviewed based upon availability at (prevailing rack) rate.

TAXES, GRATUITIES AND SURCHARGES

The following taxes, gratuities and surcharges apply, and are subject to change without notice:

Resort Levy: 12% of room rate per night
Maid, Pool, and Beach Gratuity, and Utility Surcharge: \$11.50 per person per night
Bellman Gratuity: \$5.70 per person per stay

DEPOSIT REQUIREMENT

A deposit equal to two (2) nights' accommodation (excluding tax and gratuities) at the Group Rate, is payable to secure your reservation should we confirm your accommodation request. The balance of room accommodations will be charged thirty (30) days prior to your arrival date. Please provide details of the credit card to which you authorize Atlantis to charge the deposit for any accommodation reserved for you in terms of this Reservation Request Form. To pay by check, please mail this form, along with the appropriate deposit, to: Kerzner International, Attn: Accounting Department, Royal Palm at Southpointe, 1000 S. Pine Island Road, Plantation, FL 33324.

CANCELLATION TERMS

Your deposit will be refunded in full should you cancel more than thirty (30) days prior to your arrival date. The deposit is non-refundable within thirty (30) days of arrival.

SUBMITTING YOUR RESERVATION REQUEST

Please fax this Reservation Request Form to Atlantis Reservations at (954) 809-7902 by 5.00pm EST on or before April 14, 2008. Requests will be processed on a group space-available basis only and if your request cannot be accommodated, we will notify you by fax. **No telephone requests will be honored.**

RESERVATION CONFIRMATION

Should the accommodation requested be available, your reservation will be made, the deposit charged to your credit card, and a confirmation advice will be faxed or emailed to the guest in 14 (fourteen) business days.

GUEST REGISTRATION

During guest registration at Atlantis Paradise Island you will be asked to sign a form agreeing to the following terms related to any claims you may have as a result of your stay at the resort: "I agree that any claim I may have against Atlantis, Ocean Club, or any of their officers, directors, employees or related or affiliated companies, including without limitation, Kerzner International Hotels Limited, Kerzner International Bahamas Limited, Island Hotel Company Limited, Paradise Enterprises Limited, Paradise Island Limited and Paradise Beach Inn Limited resulting from any events occurring in The Bahamas shall be governed by and construed in accordance with the laws of the Commonwealth of The Bahamas, and further, irrevocably agree to the Supreme Court of the Bahamas as the exclusive venue for any such proceedings whatsoever. The foregoing shall apply to all persons accompanying me, and I represent that I have the authority to sign this document on their behalf".

NFSA Members:
This form MUST BE FAXED.
It is the only way to reserve!

ATLANTIS
PARADISE ISLAND, BAHAMAS™

FAX THIS SIDE ONLY TO:
954-809-7902
DEADLINE: April 14, 2008

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PROGRAM DATES: MAY 11-20, 2008

Deadline:
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Please provide the following information, **printing** clearly in the spaces indicated.

Please complete one Reservation Request Form for each room you wish to request.

Arrival Date: _____ Departure Date: _____ Requested Tower: _____

Guest 1: Last Name _____ First Name _____

Billing Address _____

City _____ State _____ Zip Code _____ Country _____

Phone Number () _____ Fax () _____

email _____

Select: Adult or Child Specify Child's Age _____

Guest 2: Last Name _____ First Name _____

Billing Address _____

City _____ State _____ Zip Code _____ Country _____

Phone Number () _____ Fax () _____

email _____

Select: Adult or Child Specify Child's Age _____

Guest 3: Last Name _____ First Name _____

Billing Address _____

City _____ State _____ Zip Code _____ Country _____

Phone Number () _____ Fax () _____

email _____

Select: Adult or Child Specify Child's Age _____

Guest 4: Last Name _____ First Name _____

Billing Address _____

City _____ State _____ Zip Code _____ Country _____

Phone Number () _____ Fax () _____

email _____

Select: Adult or Child Specify Child's Age _____

CREDIT CARD DETAIL

Please note that this credit card must belong to one of the above-mentioned guests.

Select Card Type:

American Express Visa Mastercard Discover Diners Club

Card Number: _____

Name (as it appears on card): _____

Expiration Date: _____

Authorized Signature: _____

Note: Check-in time begins at 3.00pm and Check-out time is 11.00 am

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