



ENHANCEMENTS

We look forward to enhancing your upcoming visit. Below are our most requested amenity options to personalize your stay. If you should have any special needs or requests that are not listed please do not hesitate to contact a member of our Concierge staff directly.

For your convenience, by selecting the desired *Experience* category and pressing the Ctrl button you will be automatically directed to the appropriate page.

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ENHANCEMENTS

Spirits

2007 Robert Mondavi Cabernet Sauvignon \$30.00

2007 Robert Mondavi Chardonnay \$30.00

Chilled Bottle of Prosecco \$30.00

Carafe of Red Sangria \$35.00

Moet Chandon Rose \$80.00

Veuve Clicquot Brut Vintage 1999 \$90.00

Mr. Big's Indulgence \$135.00

He prefers Johnnie Walker neat, but the choice is yours. Celebrate with the Gold Label, a skillful blend of rare single malt, all more than 18 years old. To enhance the flavor, the bottle is served chilled and complemented with strawberries and dark chocolate.

*Specific Varietals are available for an additional cost. Please inquire with concierge.

**Pricing includes tax and is subject to a \$5.00 delivery fee.



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Special Indulgences & Occasions

No Celebration is Complete...Without Something Sweet

\$20.00

Includes two gourmet cupcakes and two celebratory Balloons



Party Like it's Your Birthday

\$30.00

Includes a Chilled Bottle of Prosecco and Fresh Assortment of Gourmet Cookies



Romantic Rendezvous

\$35.00

Includes Rose petal turndown, Chilled Bottle of Prosecco and six Chocolate Dipped Strawberries



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New York, New York Sweets

\$50.00

Includes a 10" Chocolate Cake (Chocolate Mousse or Chocolate Fudge) Accompanied by a Carafe of Milk



Sangria and Tapas

\$55.00

Includes a carafe of red sangria and a selection of Two Cold tapas



One Dozen Long Stemmed Red Roses

\$80.00

Twelve premium blooms straight from the grower, within days of being cut





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Spa Treatments

Hotel Giraffe is pleased to announce its partnership with Oasis Day Spa

Below are some of the spa's most popular treatments, however, please contact Hotel Giraffe directly at 212-685-7700 for a complete menu of services.

The Gentleman's Manicure & Pedicure **\$80.00**

Top off your presentation with well manicured hands and feet. This treatment includes a 30 minute manicure and 60 minute pedicure.

Oasis Signature Manicure & Pedicure **\$115.00**

Pamper yourself with this 30 minute manicure and hand treatment, including a citrus soak and vitamin therapy treatment cream. Then indulge in a 60 minute reflexology foot massage with hot stones.

Oasis Signature Facial **\$120.00**

This facial is customized to your specific skin needs. This 60 minute personalized treatment includes exfoliation, extractions and massage.

Escape to the Oasis **\$130.00**

Take a walk to the nearby Oasis Day Spa and receive either a Swedish or Deep Tissue Massage for a wonderful hour of relaxation.

Art of Indulgence **\$175.00**

A luxurious full hour massage in the calm of your guestroom. Our spa experience promises to bring you back to a beautifully revitalized state that is your true self. No walking. No taxis. No inconveniences.

Side – by – Side Massage **\$240.00**

Loosen up with your significant other and treat each other a romantic, candle-lit massage for two. You can also bring a friend along and keep each other company while catching up. Either way, both of you will receive a full body, 60 minute Swedish massage.

* Pricing of the Spa treatments does not include tax or gratuity.

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Half a Dozen Chocolate Dipped Strawberries

\$20.00

Six large strawberries hand dipped in milk chocolate or dark chocolate



Godiva

\$20.00

Includes an 8 piece signature assortment of classic Belgian chocolates



Artisan Cheese Plate

\$35.00

A seasonal variety of fresh fruit and assorted cheeses





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Order Form

We look forward to complimenting your upcoming visit. Kindly complete the Experience form below and send it either via email to information@hotelgiraffe.com or fax it to 212-685-7771. A member of our concierge team will contact you within 24 hours to finalize the details. Should you wish to speak with concierge directly, please dial 212-685-7700.

Contact Information

Please contact me by Email Phone

First Name* _____

Last Name* _____

E-Mail Address* _____

Phone* _____

Address* _____

Address (line 2) _____

City* _____

State / Province* _____

Postal Code* _____

Reservation Information

Name of Guest(s)* _____

Arrival Date* _____

Departure Date _____



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- Chilled Bottle of Prosecco \$30.00
- 2007 Robert Mondavi Cabernet Sauvignon \$30.00
- 2007 Robert Mondavi Chardonnay \$30.00
- Moet Chandon Rose \$80.00
- No Celebration is Complete... \$20.00
- Party Like it's Your Birthday \$30.00
- Romantic Rendezvous \$35.00
- One Dozen Long Stemmed Red Roses \$80.00
- New York New York Sweets \$45.00
- Sangria and Tapas \$55.00
- Half a Dozen Chocolate Dipped Strawberries \$20.00
- Carafe of Red Sangria \$35.00
- Veuve Clicquot Brut Vintage 1999 \$90.00
- Mr. Big's Indulgence \$135.00
- Artisan Cheese Plate \$35.00
- The Gentleman's Manicure & Pedicure \$80.00
- Oasis Signature Manicure & Pedicure \$115.00
- Oasis Signature Facial \$120.00
- Art of Indulgence \$175.00
- Escape to the Oasis \$130.00
- Side – by – Side Massage \$240.00*
- Godiva Chocolates \$20.00

Spa Appointments

Preferred Date _____

Preferred Time _____

Alternative Date _____

Alternative Time _____

Spa Treatment _____

Therapist Male Female

Additional Guest / Treatment

Preferred Date _____

Preferred Time _____

Alternative Date _____

Alternative Time _____

Spa Treatment _____

Therapist Male Female

Special Requests



ENHANCEMENTS

If selection is a gift, please provide a card message below.



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Credit Card Authorization Form

I _____ hereby authorize the Hotel Giraffe to maintain my credit card information on file so that it may act as a standing letter of authorization as needed for each guest indicated below.

Name of Guest (s): _____

Please initial the charges you wish to apply to your credit card.

Amenity Charges* ____ Service Fee* ____ Incidentals Only ____

Other _____

Name of Cardholder: _____

Company: (if applicable) _____

Company Address: _____

City: _____ State: ____ Zip Code: _____ Country: _____

Telephone #: _____ Fax#: _____

Billing Address: _____

City: _____ State: ____ Zip Code: _____ Country: _____

Telephone #: _____ Fax#: _____

Credit Card #: _____ Exp. Date: ____ / ____

Amex ____ Visa ____ MasterCard ____ Diners ____

Cardholder's Signature _____

Please complete the form and attach a clear copy of the back and front of the credit card along with a copy of the cardholder's photo id.

Please return fax to 212-685-7771.