

No.	Last Name (Mr./Mrs./Ms.)	First Name	Check-in Date	Check-out Date	Credit Card Type and No.	Room Type (Accommodation Choice 1)	Room Type (Accommodation Choice 2)	(Room Type (Accommodation Choice 3))
6								
7								
8								

Special Request

Requested by

Name :

Parliament or Organization :

Telephone :

Fax :

e-mail :