

INTER-PARLIAMENTARY UNION

124th Assembly and Related Meetings Panama City (Panama), 15 – 20 April 2011

1889 H

HOTEL RESERVATION FORM

*Each delegation must complete this form using capital letters and return it to the host Secretariat no later than 28 February 2011.
*Hotel reservations can be arranged through the official website: http://www.124ipupanama.com

Secretariat of the Host Parliament of the 124th IPU Assembly

ATLAPA Convention Centre Vía Israel and Vía Cincuentenario P.O. Box 0816-00672

Panama, Republic of Panama Tel: +507 526 7170

Fax: +507 526 7290

e-mail: <u>124ipu@asamblea.gob.pa</u> Website: <u>www.124ipupanama.com</u>

Date	:
Delegation of	•
Accommodation choices	: 1)
	2)
	3)

Reservation Policy

- No advance payment is necessary but credit card details are required to guarantee hotel reservations.
- 2. In lieu of a credit card guarantee, advance payment of a deposit equal to one night's stay (in US\$) for group/individual bookings is required for reservations.
- 3. Bookings cannot be guaranteed, since requests are dealt with on a first-come-first-served basis and are subject to the availability of each hotel's room allotment.

Cancellation/No-Show Policy

- 1. Group Cancellation: after 15 March 2011, the hotel reserves the right to charge the corresponding credit card for a cancellation fee of one night's stay.
- 2. Individual Cancellation: after 31 March 2011, the hotel reserves the right to charge the corresponding credit card for a cancellation fee of one night's stay.
 - * Please note that the aforementioned policies apply to all official hotels except the Inter Continental, Crowne Plaza, Le Meridien, Sheraton, and Four Points Sheraton.

(Official hotels for delegations are provided in the General Information booklet.)

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)
1								
2								
3								
4								
5								

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	
Nama	

Name		
Parliament	:	
or Organization		
Telephone	:	
Fax	:	
e-mail	:	