



INAUGURAL SESSION

Parliamentary Assembly of the Mediterranean

Amman (Jordan)
10-11 September 2006

ANNEX II

HOTEL RESERVATION FORM

to be returned by **10 August 2006 at the latest to:**

Mr. Sufian Elhassan
Director of Research and Information Dept.
House of Representatives Parliament of Jordan
P.O. Box 72, 11101 Amman
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Parliament:

The undersigned,

Last name (Mr./Mrs./Ms.) First name

Address

Postal code City Country

Tel. Fax E-mail

wishes to make the following hotel reservation:

Hotel: 1st choice 2nd choice

Please fill in one row for each delegate. Please make a copy of this form for reservations of more than 5 rooms

	Last name	First name	Type of room	Date of arrival	Date of departure	Arrival after 6 p.m.
1.						
2.						
3.						
4.						
5.						

Please indicate under type of room "Single", "Double".

Payment by credit card:

Visa Eurocard-Mastercard American Express

Name of credit card holder:

Card number: Expiry date:

Signature of credit card holder:

The undersigned accepts the booking terms described under the section "Accommodation" in the "General Information" booklet of the Inaugural Session. He/she authorizes the hotel to debit his/her card according to these terms.

DATE _____ SIGNATURE _____