



Inter-Parliamentary Union
For democracy. For everyone.



Promoting child nutrition in the Southern African Development Community (SADC) region

Regional parliamentary seminar hosted by the Parliament of Namibia and co-organized by the Inter-Parliamentary Union (IPU) and the United Nations Children's Fund (UNICEF)

28-29 September 2015, Windhoek (Namibia)

HOTEL RESERVATION FORM

[One form per participant]

COUNTRY / ORGANISATION

Ms. <input type="checkbox"/>	Mr. <input type="checkbox"/>			
Family Name		First Name		
Address				
City		Country		
Telephone		Mobile		
Date of arrival		Flight No.		Time of arrival
Date of departure		Flight No.		Time of departure

HOTEL OF YOUR CHOICE

Reservations will be treated on a first come first serve basis. The hotels require your credit card details in order to guarantee your booking

Safari Court Hotel safari@safarhotelsnamibia.com www.safarhotelsnamibia.com (Rooms = per person)	Classic Room <input type="checkbox"/> Single N\$1'037 <input type="checkbox"/> Double N\$695		Executive Suite <input type="checkbox"/> Single N\$2'627 <input type="checkbox"/> Double N\$1'492	
	Hotel Safari safari@safarhotelsnamibia.com www.safarhotelsnamibia.com (Rooms = per person)	Business Classic <input type="checkbox"/> Single N\$936 <input type="checkbox"/> Double N\$540	Standard Room <input type="checkbox"/> Single N\$784 <input type="checkbox"/> Double N\$465 twin beds	Standard Triple <input type="checkbox"/> N\$356

Double room at the **Safari Court Hotel** and **Hotel Safari** refers to two-occupancy thus the reduced rate per person sharing.

Windhoek Country Club Resort windhoek@legacyhotels.co.za (Rooms = per person)	Standard Room <input type="checkbox"/> N\$1'597	Arebbusch Travel Lodge reservations@arebbusch.com www.arebbusch.com (Rooms = per person)	Standard Room <input type="checkbox"/> Single N\$870 <input type="checkbox"/> Double N\$1'070
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Credit card:	Visa <input type="checkbox"/> Master Card <input type="checkbox"/> American Express <input type="checkbox"/> Diners <input type="checkbox"/>
Name of credit card holder:	
Credit card number:	Expiry Date:

DATE _____

SIGNATURE _____

Kindly complete and return this form to the addresses below no later than **31 July 2015**

COPY TO

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