



Form 1 - ACCOMMODATION APPLICATION

Name of Country:		
First Name:		
Surname:		Middle name:
Title:		
Date and Place of Birth:		
Address:		
City:	Country:	Post code:
Telephone:	Fax:	E-mail:
Passport number:		Expiration date:

TRAVEL INFORMATION

Date of arrival in Brazil:	Flight:
Departure date:	

ACCOMMODATION INFORMATION

First Choice Hotel:
Second Choice Hotel:
Third Choice Hotel:
Occupancy (Single/Double):
Special Request Arrangement (e.g. non-smoking room):

SPOUSE PROGRAMME

<input type="checkbox"/> My spouse will accompany me and is interested in the Spouse Programme during the Conference

This form should be returned by 16 April 2004 to:

**UNCTAD XI: National Committee (Att. Hotel Coordinator)
 Ministry of Foreign Affairs
 Esplanada dos Ministérios - Palácio Itamaraty
 70170-900 - Brasília - DF - Brazil
 Phone: (5561) 4116581 / 4116934
 Fax: (5561) 3234730
 E-mail: unctad@mre.gov.br**