



HOTEL RESERVATION FORM

HOTEL GUEST DETAILS (1)

First Name: _____
Family/Last Name: _____
Company : _____
Job Title : _____
Address : _____
Passport No. : _____ Date of Birth: _____
Tel. No. : _____ Fax No. _____ Email: _____

FLIGHT DETAILS

Arrival Date: _____ Arrival Time: _____ Flight No: _____
Departure Date: _____ Departure Time: _____ Flight No: _____

CREDIT CARD GUARANTEE

American Express: _____ Master Card: _____ Visa: _____
Card No.: _____ Expiry (mm-yy): _____
Name on Credit Card: _____
Signature: _____

Please fill in the details below for room with double occupancy:

HOTEL GUEST DETAILS (2)

First Name: _____
Family/Last Name: _____
Company: _____
Job Title: _____
Address: _____
Passport No.: _____ Date of Birth: _____
Tel. No.: _____ Fax No.: _____ Email: _____

FLIGHT DETAILS

Arrival Date: _____ Arrival Time: _____ Flight No: _____
Departure Date: _____ Departure Time: _____ Flight No: _____