

ROOM RESERVATION REQUEST

.....
(Please indicate the name of the Hotel)

To:

Fax:
Tel:

PLEASE COMPLETE THIS FORM AND FAX IT TO THE ABOVE NUMBER

EVENT'S NAME

**Workshop on the Aviation Operational Measures
For Fuel and Emissions Reduction 21 to 22
MAY, 2002**

NAME:

TELEPHONE..... FAX.....

..... CONFIRMATION REQUEST CANCELLATION REQUEST

DATES:

ARRIVAL DATE..... TIME

DEPARTURE DATE..... TIME

TYPE OF ROOM:

..... SINGLE DOUBLE SMOKING..... NON-SMOKING

CONFIRMATION

**I GUARANTEE THIS RESERVATION WITH THE CREDIT CARD INDICATED BELOW AND
IN CASE OF CANCELLATION WITH LESS THAN 72 HRS NOTICE PRIOR TO THE EVENT
I AGREE THE HOTEL WILL CHARGE FOR THE FIRST NIGHT.**

GUARANTEE BY: *VISA* *MASTER CARD* *AMEX* *DINERS*

NUMBER & EXPIRATION DATE: