ICAO Global Symposium on *Air Transport Liberalization*

Registration Number:	

Please register for the Symposium *before* you make your hotel reservation!

Hotel Reservation Form

Deadline for hotel reservation: Thursday, 10th August 2006!

Please use **CAPITAL** letters. Please complete and Fax to: + 971 (0) 4 318 8738 OR email to: LCAO2006@dwtc.com

		Delegate	Details:				
_ast name:							
Mr/Ms/Mrs							
First name(s)							
Organization:							
Mailing address:							
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Postal code:		City:					
Country		Oity.	Phone:				
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-ax: 			Cell Phon	ie:			
Email:							
	Accompanying P	erson Detail	s: (sharin	g the room, if any)			
_ast name:	1 7 3		•	<i>, ,</i> ,,			
Mr/Ms/Mrs							
irst name(s)							
		Visa Requ	irements				
Delegate Nationality:				Do you require a visa	? Yes □	No □	
Accompanying							
Person Nationality				Do you require a visa	? Yes □	No 🗖	
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Second choice:							
Third Choice							
THILL CHOICE							

Please take a copy for your own record!

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Payment Details									
Please use the below mentioned card for the 1st night charge as a guarantee. Balance amount will be settled directly upon check out.									
	VISA		Master Card		Amex				
Card Number:									
Expiry Date									
, ,									
Name of cardholder (please use CAPITAL letters!)									
		•		•					
Date:		Signature							