

ANNEX 5

7th Annual Global Symposium for Regulators
05 to 07 February 2007, Dubai International Convention and Exhibition Centre – Dubai

Hotel Booking Form

Please use block letters. Please complete and Fax to +9714 318 8738 or e-mail to gsrdubai2007@dwtc.com or dcn@dwtc.com

Delegate Details

Last name: Mr /Ms /Mrs

First name:

Company:

Country:

Phone:

Fax:

E-mail: (block letters please)

Accompanying Person Details : (sharing the room, if any)

Last name: Mr /Ms /Mrs

First name:

Visa Requirements

Delegate Nationality:

Accompanying Person Nationality:

Flight Schedule

Arriving Flight No:

Date:

Time:

Departure Flight No:

Date:

Time:

Airport Transfers (From/To Dubai International Airport only)

Please arrange for my airport transfers as per the flight details mentioned above. The charges can be debited to my credit card.

☐

Required

☐

Not required

Accommodation. Please note hotel bookings can be processed only with a credit card guarantee.

First Choice:

Second Choice:

Check in Date

Check out Date:

Please note that check in at all hotels is 1400 hrs and check out is 1200 hrs. Should you want your room to be available upon arrival, please reserve the room from the previous night.

Credit Card Guarantee Details

Please use the below mentioned credit 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:

I have read and accepted the hotel room rates, hotel cancellation policy, hotel booking process and visa information.

Date:

Signature of card holder: