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| **HOTEL RESERVATION FORM*****(to be submitted before 15 November 2017)*** |

**(USE *CAPITAL LETTERS*)**

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| **1.**  **Mr. / Mrs.**  **(Family name) (First name)****2. Country :** **3.Address :** **4. Tel.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail :**  |

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| **5. Specify name of hotel \_\_\_\_\_\_**  **Hotel Fax No. *\_\_\_\_\_\_***  **Booking of a single room** **Booking of a double room** **from to**  ***for*  *nights*** |
| **6. Arrival Date :** ***Day:* \_\_\_\_\_\_\_\_\_\_\_\_\_ *Time : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* *Flight No.* : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **7.Departure date :** ***Day :* \_\_\_\_\_\_\_\_\_\_\_\_ *Time : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* *Flight No.* : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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|  Date : Signature :  |

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| ***To be returned before 15****/****11/2017, to:*** **cc:**  | the hotel choosenEng. Nasser ALMARZOUQITRA, UAEMob: +971 50 9007177Fax: +971 2 6118229E-mail: Nasser.almarzouqi@tra.gov.ae |