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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 choosen  Eng. Nasser ALMARZOUQI  TRA, UAE  Mob: +971 50 9007177  Fax: +971 2 6118229  E-mail: [Nasser.almarzouqi@tra.gov.ae](mailto:Nasser.almarzouqi@tra.gov.ae) |