



HOTEL RESERVATION FORM
(to be submitted before 10 April 2018)

(CAPITAL LETTERS)

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

PLEASE SEND DIRECTLY TO THE HOTEL CHOSEN

5. Specify name of hotel _____ Hotel Fax No. _____ Booking of a single room <input type="checkbox"/> Booking of a double room <input type="checkbox"/> from _____ to _____ for _____ nights
6. Arrival Date : Day: _____ Time : _____ Flight No. : _____
7. Departure date : Day : _____ Time : _____ Flight No. : _____
Date : _____ Signature : _____

To be returned before 10/4/2018,

to: the hotel choosen

cc: **☐MRS. Monia Jendoubi**
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