**Annex 4**

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| logitu.psd | **ITU Training Course on Homologation Procedures & Type Approval testing for Mobile Terminals for ARB Region***Tunis-Tunisia, 17-22 March 2014* | **Logo officiel du CERT** |

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| **HOTEL RESERVATION FORM*****(to be submitted before 1 March 2014)*** |

**(*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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| **PLEASE SEND DIRECTLY TO THE HOTEL CHOOSEN** |

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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 01/03/2014, to: to:*** **cc:**  | the hotel choosen**Mrs. Wala Turki Latrous or Mr. Ali Mbarek**CERT, TunisiaTel: +216 97 656 280 / 216 98 269 301Fax: +216 70 835 835 E-mail: wala.latrous@cert.mincom.tn ali.mbarek@cert.mincom.tn |