

Room Reservation Form**Delegate Details:**

First Name: _____ Last Name: _____

Designation: _____ Company Name: _____

Company Address: _____

Telephone Number: _____

Fax Number: _____

Email ID: _____

Passport Number: _____ Place Of Issue: _____

Date of Issue: _____ Date Of Expiry: _____

Hotel Name: _____

Check-In-Date & Time: _____ No. of Occupants: _____

Room Type (Single or Double): _____

Any Special Request: _____

DO YOU REQUIRE AIRPORT TRANSFER**Arrival Date:**

Time: _____ Flight No: _____

From: _____ To: _____

Departure Date:

Time: _____ Flight No: _____

From: _____ To: _____

Signature