



# NATPE DISCOP

CONTENT DISTRIBUTION AND PROGRAMMING MARKETS FOR GROWING WORLD REGIONS

**AFRICA**

1-3 September 2010 • HILTON NAIROBI • NAIROBI

## HOTEL BOOKING FORM

**PLEASE CLEARLY FILL IN THIS FORM AND FAX IT TO +33 1 42 29 34 74**

### I. COMPANY BILLING & ADMINISTRATIVE INFORMATION

COMPANY NAME ..... N° VAT .....

BILLING CONTACT .....

BILLING ADDRESS : .....

CITY ..... STATE/REGION ..... POSTAL CODE ..... COUNTRY .....

BILLING TEL ..... BILLING FAX .....

BILLING EMAIL ..... TAX ID .....

MARKETING COORDINATOR CONTACT .....

TEL ..... FAX ..... EMAIL .....

### 2. SPECIAL HOTEL BOOKING OFFER

**HILTON HOTEL NAIROBI \*\*\*\*\***  
( PACKAGE SINGLE ROOM )

**1050 €**

**TOTAL\***  
**(€/ 4 nights)**



\* Prices includes breakfast, luncheons during the market days and city taxes.  
For each early check-in / late check-out the additional night will be charged at 200€ (breakfast and city tax included)

### 3. GUEST INFORMATION

REPRESENTATIVE .....

COMPANY NAME .....

ADDRESS ..... COUNTRY .....

DIRECT EMAIL ..... DIRECT TEL ..... DIRECT FAX.....

HOTEL ..... NUMBER OF NIGHTS .....

CHECK-IN DATE ..... CHECK-OUT DATE .....

### 4. ADDITIONAL FLIGHT DETAILS

ARRIVAL FLIGHT NUMBER ..... FROM (CITY)..... DEPARTURE FLIGHT NUMBER..... FROM (CITY).....

ARRIVAL DATE (DD/MM/YYYY) ..... /..... /..... TIME \_\_: \_\_ AM / PM DEPARTURE DATE (DD/MM/YYYY) ..... /..... /..... TIME \_\_: \_\_ AM / PM

**ACCEPTANCE BY PARTICIPANT**

NAME .....

SIGNATURE + STAMP

**5. TOTAL CHARGES**

I ACCOMMODATION PACKAGE @ 1050 €

EXTRA NIGHT(S) @ 200 € x \_\_\_\_\_ = \_\_\_\_\_ €

**GRAND TOTAL DUE** = \_\_\_\_\_ €

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## CREDIT CARD PAYMENT FORM

**PLEASE CLEARLY FILL IN THIS FORM AND FAX IT TO +33 1 42 29 34 74**

### COMPANY BILLING & ADMINISTRATIVE INFORMATION

COMPANY NAME .....

CONTACT .....

ADDRESS .....

CITY ..... STATE/REGION ..... POSTAL CODE ..... COUNTRY .....

TEL ..... FAX ..... EMAIL .....

### INVOICE DETAILS

INVOICE NUMBER .....

AMOUNT .....

### SELECT YOUR ORDER

BUYER MARKET BADGE       SELLER MARKET BADGE       EXTRA EQUIPMENT       OTHER : .....

### CREDIT CARD DETAILS

CARDHOLDER'S NAME: .....

BILLING ADDRESS OF CARDHOLDER: .....

CARD TYPE:     AMERICAN EXPRESS\*        MASTERCARD        VISA 

\* A 3,5% commission fee will be  
charged on American Express Cards

CARD NUMBER: .....

CARD EXPIRY (MM/YY): .....

CVV CODE (last three digits at the back of the card): .....

Please charge my credit card for the amount of ..... €

DATE: ...../...../.....

#### Cancellation policy

After receiving the credit card payment form, Basic Lead can not accept any cancellation and no refund can be made.

SIGNATURE + STAMP