



HOTEL ACCOMODATIONS BOOKING FORM

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

I. COMPANY BILLING & ADMINISTRATIVE INFORMATION

COMPANY NAMEN° VAT

BILLING CONTACT

BILLING ADDRESS

CITYSTATE/REGION..... POSTAL CODE COUNTRY

BILLING TEL BILLING FAX

BILLING EMAIL TAX ID

MARKETING COORDINATOR CONTACT

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

2. SPECIAL HOTEL OFFER / BOOKING

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

1000 € **TOTAL***
(€/ 4 nights)



* Prices includes breakfast and city taxes. For each early check-in / late check-out the additional night will be charged at 250€ (breakfast and city tax included)

3. GUEST INFORMATION

REPRESENTATIVE

COMPANY NAME

ADRESS 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 DELUXE PACKAGE @ 1000 €

EXTRA NIGHT(S) @ 250 € x _____ = _____ €

GRAND TOTAL DUE = _____ €