

HOTEL RESERVATION FORM

Please send this form to:

ITT

**INFOMED
Travel &
Tourism**

INFOMED Travel & Tourism

Abi Rached Center, 3rd Floor, Jisr el Bacha, P.O.Box: 90-361, Beirut, Lebanon
Tel: +961 1 510881-2-3-6 Fax: +961 1 510887, E-mail: itt@medistatweb.com

Personal Data

Family name
Discipline
Hospital or institute
Street
P.O.Box
Telefax

First name
City Country
Telephone
E-mail

Accompanying Person(s)

| | Family name | First name |
|-----|-------------|------------|
| 1 - | | |
| 2 - | | |
| 3 - | | |

Accommodation

I definitively reserve single room double room Twin room

Date of arrival Date of departure

Time Flight Time Flight

* All registration forms must be accompanied by the appropriate payment.
Forms without payment will not be accepted

Hotels / Category

All rates are in US Dollars per room and per night including breakfast and service charge. (Rates subject to 5% Government tax.
To guarantee your hotel reservation please indicate your credit-card number.

| | SINGLE | DOUBLE | ARRIVAL | DEPARTURE | AMOUNT DUE |
|----------------------------|------------------------------|------------------------------|---------|-----------|------------|
| <input type="radio"/> 5* A | \$ 145 <input type="radio"/> | \$ 160 <input type="radio"/> | | | |
| <input type="radio"/> 5* B | \$ 130 <input type="radio"/> | \$ 145 <input type="radio"/> | | | |
| <input type="radio"/> 4* A | \$ 105 <input type="radio"/> | \$ 115 <input type="radio"/> | | | |
| <input type="radio"/> 4* B | \$ 90 <input type="radio"/> | \$ 100 <input type="radio"/> | | | |
| <input type="radio"/> 3* A | \$ 80 <input type="radio"/> | \$ 90 <input type="radio"/> | | | |
| <input type="radio"/> 3* B | \$ 65 <input type="radio"/> | \$ 75 <input type="radio"/> | | | |

SUBTOTAL

Airport Pickup & Assist

FLIGHT DETAILS

By car for up to 2 pers. _____

By mini van for up to 7 pers. _____

By bus for up to 20 pers. _____

By bus for up to 40 pers. _____

FLIGHT N°.

DATE

TIME

| | |
|----------|--|
| \$25 | |
| \$40 | |
| \$75 | |
| \$110 | |
| SUBTOTAL | |
| TOTAL | |

Payment

VISA



MASTERCARD



By credit card By Bank Transfert

Card N°.

Cardholder's name _____

Signature _____

Exp. Date _____ Date _____

All payments should be made to the order of **INFOMED for Travel & Tourism**

Money orders or Bank transfers should be sent to the following account: **INFOMED for Travel & Tourism**

Byblos Bank - Jbeil Branch - Lebanon
Acc.No.30.02.252.343179.0.8
SWIFT: BYBAL BBX

N.B. A special package (Flight ticket, Hotel, Registration) is available upon request