



**SEMIRAMIS
INTERCONTINENTAL.**
CAIRO

HOTEL RESERVATION FORM

***11th IBIMA conference
On January 4 – 6, 2009.***

Guest Name _____

Company _____

Tel. _____ **Fax** _____

ARRIVAL DATE _____ **DEPARTURE DATE** _____ **# OF NIGHTS** _____

I WOULD LIKE TO RESERVE (PLEASE CHECK ALL APPROPRIATE) :

- | | |
|---|---|
| <input type="checkbox"/> Smoking Room | <input type="checkbox"/> <u>Single Standard City View room:</u> US\$ 145 per night (plus tax) |
| <input type="checkbox"/> Non-Smoking Room | <input type="checkbox"/> <u>Double Standard City View room:</u> US\$ 195 per night (plus tax) |
| | <input type="checkbox"/> <u>Nile View Extra Charge:</u> US\$ 20 |

Above rates include Buffet breakfast. The above rates are subject to 25% service charge and taxes.

Airport Pick up:

US\$ 30.00 for transportation per car with maximum 3 persons.

Request Airport Pickup service Yes No. If yes, please provide flight details below:

Please include credit card information when you make your booking

We require a Credit Card Number to guarantee all bookings. Bookings will not be accepted without a credit card.

- American Express Visa Master card

Credit Card # _____ Expiration Date _____

CVV No: (last 3 digit code on the signature panel on the back of card): _____

Name As it appears on the card: _____ Signature: _____

COMMENTS / SPECIAL REQUESTS

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Please fax this form directly to the hotel to the hotel 15 December 2008. Reservations received after this date will be subject to availability.

Hotel Fax: Fax: + 20 (2) 2796 3020 OR +20 (2) 2797 1715

Hotel Address: Corniche El Nil, P.O. Box: 60, 11511 Cairo, Egypt
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