



**HOTEL RESERVATION FORM**

***11<sup>th</sup> 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) :**

- Smoking Room
- Non-Smoking Room
- Single or Double room: US\$ 120 per night

Above rates include breakfast. The above rates include all service charge and taxes.

**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***

\_\_\_\_\_  
\_\_\_\_\_

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) 2735 5304**

Hotel Address :OM KOLTHOOM HOTEL 5 Abu El Feda Street, Zamalek Cairo, Egypt  
Tel: (002 - 02) 736-8444  
Email : [info@omkolthoomhotel.com](mailto:info@omkolthoomhotel.com)