

Delegate's Information

EUMED Event
03 – 05 November 2008

InterContinental Jordan Hotel

Hotel Reservation Form

Delegate's Information

First Name:	Last Name:
Title:	Company:
Phone:	Mobile:
Fax:	E-mail:

Accommodation & Flight Details

Superior Room <input type="checkbox"/> single JD105 <input type="checkbox"/> Double 115	<input type="checkbox"/> Airport pick-up.....JD 45.00
Deluxe Room <input type="checkbox"/> single JD135 <input type="checkbox"/> Double 145	<input type="checkbox"/> Airport Drop-off ...JD 25.00
Club Room <input type="checkbox"/> single JD155 <input type="checkbox"/> Double 165	Flight Details:
Dates: Check in: / /2008	Arrival: Flight #:..... Time:
Check out: / /2008	Departure: Flight #:.....Time:
Above rates inclusive of buffet Breakfast and are subject to 10% service charge and 12% Government taxes	Please note any "no show" at the airport will be charged to the guarantor accordingly.

Terms & Conditions

<input type="checkbox"/> The number of rooms for delegates is limited. The special conference rate applies only for Reservations made prior to 20/10/2008 with this registration form
<input type="checkbox"/> Kindly note that the credit card details is requested to guarantee your booking.
<input type="checkbox"/> Any cancellation should be made 24 hours prior to arrival date.
<input type="checkbox"/> Any cancellation or no show made within 24 hours of arrival date will be charged for one full night.

Credit Card Details

<input type="checkbox"/> VISA <input type="checkbox"/> MC <input type="checkbox"/> AMEX <input type="checkbox"/> DINERS OTHERS
Credit Card #:..... Expiry Date:
.....
Name of Card Holder:
Signature: Date: / / 2008

Please send this form to

InterContinental Jordan, Jabal Amman 3rd Circle Islamic St. - Amman, 11180 Jordan ATT: Mr. Edward Haddad Tel: +962-6-4641361 Ext. 2106 Fax: +962-6-4619695 Email: Edward.haddad@icjordan.com
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Please return this Form or Fax before 20th of October 2008 to: InterContinental Jordan Hotel