

Hotel Reservation Form

Jordan International Halal Show
28th October - 01st November 2009

Please complete and return this form to:
Middle East Gate Expo
P.O. Box 211941 Amman 11121 Jordan
Tel: +962 6 552 7066 - Fax: +962 6 552 7311
E-mail: dana@meg-expo.com
Website: www.meg-expo.com

GUEST INFORMATION

Guest Title: Mr. Ms. Mrs. Prof. Doctor. Eng. Other: _____

Gender: Male Female

I am a: Exhibitor Conference Attendee

Guest Name: _____
(First Name) (Middle Name) (Last Name)

Company Name: _____

Address: _____

City: _____ State: _____ Country: _____ Zip/Postcode: _____

Nationality: _____ Passport No.: _____

Mobile: _____ Phone: _____ Fax: _____
(Country Code + Area Code + Number)

E-mail: _____ Website: _____

HOTEL BOOKING

Select Hotel from list provided. Please indicate three choices of hotels in order of preference.

1. _____

2. _____

3. _____

RESERVATION DATES:

Check in Date: / /

Check out Date: / /

HOTEL ROOM TYPE: Single Double Twin
 Non-Smoking Smoking

Special Requests: _____

