

# Hotel Reservation Form

Jordan International Kids Show  
03<sup>rd</sup> - 06<sup>th</sup> August 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](mailto:dana@meg-expo.com)  
Website: [www.meg-expo.com](http://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: \_\_\_\_\_

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**FLIGHT DETAILS**

Arrival Date:  
DD/MM/YY      Time: \_\_/\_\_/\_\_ (am/pm)      Flight No. \_\_\_\_\_ Airlines \_\_\_\_\_

Departure Date:  
DD/MM/YY      Time: \_\_/\_\_/\_\_ (am/pm)      Flight No. \_\_\_\_\_ Airlines \_\_\_\_\_

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**TERMS & CONDITIONS**

1. Booking fee entitles you for **one** change in the reservation only.
  2. Booking fee will be charged by hotel directly.
  3. Hotel deposit of one night room rate is applicable to secure booking.
  4. Hotel will deduct the deposit amount from Credit Card.
  5. Hotel deposit is non-refundable.
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**PAYMENT DETAILS**

VISA                                       MasterCard                                       American Express

Credit Card Number:                                      Expiry Date:  

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Name of the Card Holder: \_\_\_\_\_

(Last 3 digits on the back of the card)

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I, \_\_\_\_\_ (Card Holder Name) \_\_\_\_\_ hereby authorize \_\_\_\_\_ (Hotel Requested) \_\_\_\_\_ to charge booking fee on the above Credit Card to settle the hotel deposit. I am aware that hotel deposit is non-refundable. If I or others booked through this form fail to arrive for my/their assigned hotel on the confirmed arrival date, cost of one night stay will be charged on the above mentioned Credit Card.