

# Hotel Reservation Form

Jordan International Travel 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: \_\_\_\_\_

