



MERCURE
ROMANCE
HOTEL
ALEXANDRIA



ALEXANDRIA, AUGUST 28TH – 30TH 2006

MR/MRS

FIRST NAME _____ NAME _____

ADDRESS _____

ZIP CODE _____ CITY _____ COUNTRY _____

TELEPHONE _____ FAX _____

EMAIL: _____

HOTEL ACCOMMODATION FAX REGISTRATION FORM

Deadline for reservation August 15th. 2006

TICK	HOTEL	SINGLE ROOM	DOUBLE ROOM
[]	Mercure Romance Hotel - 1677 303 Tareek El Gueisch Saba Pasha Alexandria, Egypt Tel. +20.3.58.40911-12 Fax. +20.3.58.30.526	\$ 95 (including breakfast)	\$ 110 (including breakfast)
		SINGLE SUITE	DOUBLE SUITE
		\$ 138 (including breakfast)	\$ 171 (including breakfast)

Reservation needed of _____ room / s _____ single/s _____ double /s _____ SUITE

Arrival date _____ Departure date _____

Estimated Time of Arrival: _____

In order to ensure your room reservation a one night deposit will be required: \$ _____

TOTAL PAYMENT \$ _____ DUE

PAYMENT BY

Credit Card: (CIRCLE)

VISA EURO/MASTERCARD AMEX DINERS CLUB

n° _____ Expiry date _____ / _____

SIGNATURE

PRINT SIGNATURE

Date _____