

HOTEL BOOKING FORM
AFRINIC
November 18th – November 27th 2009

IDENTIFICATION (Please type clearly)

GUEST NAME

NO. OF GUEST: |__|

- Mr/ Mrs/ Ms

|_____| |_____| |_____|
First Name Middle Name Last Name

INSTITUTION

Company Name **AFRINIC** Job Title |_____|

Mailing Address |_____|

City |_____| State |_____| Postal Code |_____| Country |_____|

Country/ Area Code |_____| / |_____| Phone |_____| Fax |_____|

E-Mail Address |_____|

IF WITH FAMILY:

☐ Children Names and Ages |_____|

ACCOMMODATION

GROUP ROOM RATE

☐ Standard Garden View: **90600 cfa, room only**

☐ Sea View rooms: **115600 cfa, room only**

☐ Business Class rooms: **115600 cfa, room only**

Breakfast is at **7000 cfa** per person

Smoking Room

☐ Yes

☐ No

Special Request/ Preferences |_____|

Free shuttle for pick up and drop off at the airport. Please fill in information should you require pick up.

Arrival Date |_____| Flight Details |_____| Arrival Time |_____|

Departure Date |_____| Flight Details |_____| Arrival Time |_____|

Check-in: 3.00 PM Check-out Time: 12pm (Noon). Free late check out extended up to 2pm for Afrinic attendees.

PAYMENT METHOD/ CREDIT CARD GUARANTEE

CREDIT CARD ☐ VISA

☐ MASTERCARD

☐ AMERICAN EXPRESS

Credit Card No. |_____| Expiry Date |_____|

Cancellation Policy: Should it be necessary to cancel this reservation, please notify the hotel before 6.00 pm on the day of arrival to avoid a one night's room and tax charge. To guarantee your room past 6.00 pm, please provide a credit card number.

Confirmation Letter to be send by : ☐ Fax No : |_____| ☐ E-Mail to |_____|

PLEASE SEND THIS RESERVATION FORM TO :

Reservation Department via fax: +221 33 869 33 66 or via E-Mail : reservations.dakar@radissonblu.com