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| ITU logo-07 | ***Conformity and Interoperability Training for  Africa Region***    ***Tunis-Tunisia, 30 May – 3 June 2016*** |  |

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| **HOTEL RESERVATION FORM**  ***(to be submitted before 30 April 2016)*** |

**(USE *CAPITAL LETTERS*)**

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| **1.**  **Mr. / Mrs.**  **(Family name) (First name)**  **2. Country :**    **3.Address :**    **4. Tel.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail :** |

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| **5. Specify name of hotel \_\_\_\_\_\_**  **Hotel Fax No. *\_\_\_\_\_\_***  **Booking of a single room**  **Booking of a double room**  **from to**  ***for*  *nights*** |
| **6. Arrival Date :**  ***Day:* \_\_\_\_\_\_\_\_\_\_\_\_\_ *Time : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* *Flight No.* : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **7.Departure date :**  ***Day :* \_\_\_\_\_\_\_\_\_\_\_\_ *Time : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* *Flight No.* : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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| Date : Signature : |

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| ***To be returned before 30 April 2016, to:***    **cc:** | the hotel choosen  **Mrs. Wala TURKI LATROUS**  CERT - Tunisia  Tel  : +216 70 835 000  Fax  : +216 70 835 835  E-mail: [wala.latrous@cert.mincom.tn](file://HVCAI1/shared_area/Work/RegionalEvents.Workshops.Seminars.Meetings/2015/C&I-2015/wala.latrous@cert.mincom.tn) |