

**67th Plenary Meeting - ICAC**  
**17-21 November 2008**  
**Accommodation Booking Form**

**Delegate details**

Please give details of every person in your party:

Pax	Mr/Mrs	First Name	Last Name	Room Type	No Persons	Arrival Date	Departure Date
1.							
2.							
3.							
4.							
5.							

**HOTEL CHOICE**1<sup>st</sup> Choice: \_\_\_\_\_2<sup>nd</sup> Choice: \_\_\_\_\_3<sup>rd</sup> Choice: \_\_\_\_\_**NAME AND ADDRESS TO WHOM CONFIRMATION SHOULD BE SENT**

\_\_\_\_\_

\_\_\_\_\_

DAYTIME TEL No \_\_\_\_\_ FAX No \_\_\_\_\_

E-mail: \_\_\_\_\_

**CREDIT CARD INFORMATION**

CREDIT CARD TYPE AND NUMBER: \_\_\_\_\_

NAME ON THE CREDIT CARD \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

SIGNATURE \_\_\_\_\_

I hereby authorize to charge the amount of (F Cfa/Euro) ..... from the credit card details given above

**To book your accommodation please fill in the form and return it to the  
following fax number: (226-20) 972-475**