



Hotel Reservation Form

AIRLINE NAME		FLIGHT NO.		PREFER HOTEL	
		_____		1. _____ OR 2. _____	
ARRIVAL DATE		& TIME		DEPARTURE DATE	
____/Oct./2011		- ____:____		____/Dec./2011	
ROOM TYPE		NUMBER OF NIGHTS			
Single <input type="checkbox"/> Double <input type="checkbox"/> Twin <input type="checkbox"/> Suite <input type="checkbox"/>					
TITLE		GENDER			
Pro. <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss. <input type="checkbox"/>		<input type="checkbox"/> Male		<input type="checkbox"/> Female	
COMPANY NAME		FULL NAME			
ADDRESS:					
POSTAL CODE:		CITY:		COUNTRY:	
FAX: country code - city code - phone		TEL: country code - city code - phone		MOB.: country code - city code - phone	
WEBSITE:		E-MAIL:			

Wide selections of international hotels are available to exhibitors and visitors via specially negotiated travel packages. Please contact cosmetic Expo's Office for booking and reservations:

Room Rates

Hotel Name	Category	Room Type	Single	Double
Damascus Sheraton Hotel	5*	Classic room, BB	175 Euro	190 Euro
DedeMan Hotel	5*	Classic room, BB	165 Euro	180 Euro
Semiramis	4*	Classic room, BB	135 Euro	145 Euro
Carlton Hotel	4*	Classic room, BB	110 Euro	130 Euro
Al -Liwan Hotel	3*	Classic room, BB	80 Euro	95 Euro

SPECIAL REQUIREMENT: _____

Above rates are per room per night & include breakfast
Group bookings - to be handled case by case.

PAYMENT METHOD

Visa Master Card American Express JCB Diners Club

Other: _____

Credit Card No.: _____

Expire Date: _____

Name : _____

Position : _____

Date : _____

Signature : _____

Co. Stamp: