

ANNEX D



HOTEL RESERVATION FORM

NAME OF GUEST : _____
(Surname, First Name, Middle Name)

Company Affiliation : _____

Company Address : _____

Telephone Number : _____ Fax Number: _____

Passport Details : _____
(Number, Place of Issue, Date of Expiry)

Select Hotel :

- | | | |
|--|---|--|
| <input type="checkbox"/> Diamond Hotel Philippines | <input type="checkbox"/> Traders Hotel Manila | <input type="checkbox"/> G-Hotel Manila by Waterfront |
| <input type="checkbox"/> Sofitel Philippine Plaza Manila | <input type="checkbox"/> Manila Hotel | <input type="checkbox"/> Hotel InterContinental Manila |
| <input type="checkbox"/> Hyatt Hotel & Casino Manila | <input type="checkbox"/> Century Park Hotel | <input type="checkbox"/> Manila Pavilion |
| <input type="checkbox"/> The Heritage Hotel Manila | <input type="checkbox"/> Pan Pacific Manila | |

Arrival Date : _____	Flight : _____	ETA : _____
Departure Date : _____	Flight : _____	ETD : _____
Number Persons : _____	Room Category : _____ <i>(Superior/Deluxe/Suite)</i>	
<input type="checkbox"/> Smoking <input type="checkbox"/> Non-smoking	Occupancy : _____ <i>(Single/Double)</i>	
	Bed Type : _____ <i>(King/Queen/Twin)</i>	

Optional Transfer Service:

- Airport Pick-up Airport Drop-off

Remarks: (Preferences / Special Requests / Other Arrangements)

Credit Card Details (Name): _____ Card Type : _____

Credit Card Number : _____ Expiry : _____

Other Information:

Home Address : _____
(Number / Street / City / Zip Code / State / Country)

Phone Number : _____ Fax Number : _____

E-mail Address : _____

Purpose of Visit : 2nd Global Forum on Migration and Development

Date

Signature of Guest over Printed Name