

**ABLOS MEETING
MONACO, 10-12 October 2005**

Hotel Reservation Form

| | |
|-------------------|---|
| Name of the Hotel | Copy to the IHB Fax: +377 93 10 81 40 E-mail: info@ihb.mc |
|-------------------|---|

Name: _____

Government, Organization or Company: _____

Address: _____

Tel.: _____ Fax: _____

E-mail: _____

Date of Arrival: _____

Date of Departure: _____

Single Room

Double Room:

Double Bed

Twin beds

Payment by credit card (deposit one night): Number: _____ expiry date: _____

Type of credit card:

Cardholder name:

Payment by cheque (deposit one night): amount: _____ number _____

Date: _____

Signature: _____