



**Conference on
Ensuring Access To Health For All Women And Newborn -
The Role Of Parliaments**
Kampala, 23-25 November 2009

HOTEL RESERVATION FORM
(One per participant)

DELEGATION OF _____

LAST NAME (MR./Ms.) FIRST NAME ARRIVAL DATE DEPARTURE DATE

Hotel Africana, Kampala

EXECUTIVE ROOMS	EXECUTIVE SUITES	APPARTMENTS
<input type="checkbox"/> Single US \$ 100	<input type="checkbox"/> Single US \$ 250	<input type="checkbox"/> Single US \$ 2500
<input type="checkbox"/> Double US \$ 120	<input type="checkbox"/> Double US \$ 250	<input type="checkbox"/> Double US \$ 3000

FLIGHT INFORMATION

ARRIVAL DATE FLIGHT NUMBER DEPARTURE CITY ARRIVAL TIME

DEPARTURE DATE FLIGHT NUMBER DESTINATION DEPARTURE TIME

TELEPHONE: _____

E-MAIL: _____

DATE: _____

SIGNATURE _____

Please return this form to:

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