

## HOTEL RESERVATION FORM

COONI	NI	•••••	• • • • • • • • • • • • • • • • • • • •	• • • • • •	• • • • • • • • • • • • • • • • •		•••••••••••••••••••••••••••••••••••••••			
□ Mrs. □ Ms. □ Mr. NAME					FIRST NAME					
Address:										
Telephone:			Fax:		E-m	nail:				
Arrival		Flight No.	Date / Time		Departure	Flight No.	Date / Time			

## **ACCOMMODATION + CATEGORY**

IINITDV

Sarova S	Stanley	Intercontinental Hotel			Ser	ena Hotel	Six-Eig	Six-Eighty Hotel	
Single \$ 155 □ 5	Double Single		Super Delux Executive	Double Single   \$ 300 □ \$ 475   \$ 345 □ \$ 410 □		Double \$ 585 ⊡	Single \$ 65 □	Double \$ 90 □	
Check-in-date			Check-ou	-date					
			To guar	antee your re	servation				
CREDIT CAR	RDS								
Visa 🛛 Master (		Card 🛛	American Express 🛛		Diners 🗖				
Expiry date:		No							
Signature:			Da		ate:				
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\*\* Kindly complete the hotel reservation form and return it to: Kenyan Seminar Secretariat by 20 November 2009 \*\*

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