



Crowne Plaza Amman
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11th Regional Pension & Social Insurance Conference
May 29 – June 01, 2007 – Amman, Jordan
HOTEL RESERVATION FORM

Please send this form to Reservations Department at the Crowne Plaza Amman ,before:
Saturday, May 12, 2007

Fax number +962 6 5510003 or email to ammhb@cpamman.com

IMPORTANT: Please read the following information before completing this form:

- The special conference rate applies only for reservations made with this hotel reservation form.
- Reservations can only be confirmed with a credit card number with valid expiry date.
- Cancellations should be received 72 hours prior to the scheduled arrival, any cancellation after that or No Show on the day of arrival, one night room charge will be debited to your credit card.
- The number of rooms held for conference participants is limited. After **12th May 2007**, remaining rooms will be released and the conference rate will be subject to availability. **You are advised to book accommodation as early as possible.**

Family name: _____ First name: _____

Organisation: _____

Position in Organisation: _____

Address: _____

Country: _____ E mail: _____

Telephone: _____ Fax: _____

Room Rates (please tick):

Single Room: JD 85.00 for single and JD 97.00 for double

Executive Room: JD 170.00

Royal Suite: JD 333.00

Please note that above rates are per room, per night inclusive all taxes & buffet breakfast.

Arrival date: _____	Arrival time: _____
Departure date: _____	Departure Time: _____
Smoking _____	Flight Details _____

GUARANTEE:

Reservations can only be confirmed with a credit card number with valid expiry date.

VISA Mastercard American Express Diners Club

Card number: _____ Valid until: ____/____/____

Card holders name: _____

Signature: _____ Date: _____

Booked By: _____ Date: _____