



MIDDLE EAST BURN AND FIRE
DISASTER SOCIETY

Joint Meeting of
The Middle East Burn and Fire Disaster Society



The Plastic and Reconstructive Surgery Department of Ain Shams University



AIN SHAMS UNIVERSITY
PLASTIC SURGERY

November 23-25, 2004
Cairo, EGYPT

HOTEL RESERVATION FORM

PERSONAL INFORMATION (Please Print)

Family Name: First Name(s):
Address:
City: Country: Zip Code:
Tel: (.....) (.....) Fax: (.....) (.....) E-mail:
Country Code Area Code Country Code Area Code

All requests for accommodation must be made on this form (or a clear photocopy) and hotel-related payment (see "Payment" section below) must be included with your registration fees as requested on the Registration Form. All required payments and forms must be received by the Congress Secretariat by September 15, 2004. Accommodation requests will be filled in the order they are received as long as the participant is fully registered to attend. We urge you to submit the Hotel Reservation Form early in order to secure your preferred accommodation.

HOTEL

Sonesta Hotel Cairo	<input type="checkbox"/> SINGLE \$90	<input type="checkbox"/> DOUBLE \$110	Foreign Nationals
	<input type="checkbox"/> \$70	<input type="checkbox"/> \$90	Egyptians

* These rates are based on bed & buffet breakfast

ROOM RESERVATION REQUEST (Please Print)

Number of persons: Single : Double :
Name of participant sharing the room:
Arrival date: Departure date: Number of nights:

PAYMENT

A deposit of the first night's room charge must be submitted with this form to guarantee your reservation. If these funds are not received by one of the modes of payment outlined below, it will not be possible to fulfill your request.

Payment Modes:

- Bank Transfer in \$US payable to "Başkent University":
Türkiye İş Bankası Küçükevler Şubesi, Ankara Turkey, **Account no: 438945**
- Bank Cheque payable to "Başkent Üniversitesi".
- Credit cards (please check one) : **VISA:** **Master Card:**

Cardholder's name: Card number:

Expiration date: Amount in \$US:

Signature:

All currency exchange charges and bank collection fees must be paid by the participant. Cancellation Policy: Until November 13, 2004, 75% of the amount paid will be reimbursed. No refunds will be given after this date.

FLIGHT DETAILS

Arrival date:
Airline: Flight no:
Departure date:
Airline: Flight no:

CONGRESS SECRETARIAT

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Bahçelievler Ankara 06490 TURKEY
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