

ICCAT
21ST REGULAR MEETING OF THE COMMISSION
RECIFE, BRAZIL – NOVEMBER 6 TO 15, 2009

HOTEL RESERVATION FORM

Please complete this form and send it to VIAGENS CVC by e-mail/fax. This form must be received at the Agency prior to the September 30, 2009 deadline date. Confirmation of the reservation will be done by VIAGENS CVC.

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Last name(s): _____ First name: _____

City: _____ Country: _____

Tel: _____ Fax: _____

E-Mail: _____

Accompanied by: _____ Adults; _____ Children (under 12 years of age)

Date of arrival: _____ Flight No: _____ Time of arrival: _____

Date of departure: _____ Flight No: _____ Time of departure: _____

HOTEL – Please indicate the hotel/hotels selected, in order of preference, from the list of hotels provided.

_____ _____
 _____ _____

Room type: Single Double Triple Quadruple

Date of arrival: () November 2009

Date of departure: () November 2009

Number of nights: _____ (nights)

FORM OF PAYMENT (Credit card information is need to guarantee the reservation)

Credit card: VISA MASTER CARD

Credit card number: _____

Credit card security code: _____

Name of credit card holder (as it appears on the card): _____

Signature of credit card holder: _____ Date of card expiry: _____

**PLEASE FORWARD A COPY OF THE COMPLETED REGISTRATION FORM TO THE
ICCAT SECRETARIAT: E-mail: info@iccat.int Fax: +34 91 415 2612**