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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Please email or fax to Organizing Committee at:  [quotafor2016@gmail.com](mailto:quotafor2016@gmail.com) or +91-11-299640-90 | | | | | | | | | | | |
| FINAL HOTEL RESERVATION FORM | | | | | | | Please return by | | | 26 DEC 2015 | |
| name of federation | | |  | | | | nation | |  | | |
| contact person | | |  | | | | phone number | |  | | |
| e-mail address | | |  | | | | fax number | |  | | |
|  | | | | | | | | | | | |
| hotel  choice | no | | | Please indicate the hotel in order of preference | | | | | | | |
| 1 | | |  | | | | | | | |
| 2 | | |  | | | | | | | |
|  | | | | | | | | | | | |
| room choice | | room type | | | number of rooms | number of nights | | day of arrival | | | day of departure |
| single | | |  |  | |  | | |  |
|  |  | |  | | |  |
|  |  | |  | | |  |
| double/twin | | |  |  | |  | | |  |
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| Note: | | | | | | | | | | | |

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|  |  |  |  |
| Date |  | Signature of Team Leader |  |