

Hotel Reservation Form



INDUSTRY SOLUTIONS
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PUBLISHING

2017

THE ACSE ANNUAL CONFERENCE

AUGUST 13-14, 2017

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Hotel Reservation Form

1. Participant Information

Passport Number:		
Name:	Surname:	
Address:		
City:	Country:	Post Code:
Phone:	Fax:	E-mail:
Accompanying person's name (if any)		

2. Accommodation Details

Please indicate of rooms requested Single Double

Check in Date: / / 2017	Flight Details:			
Check Out Date: / / 2017	Flight Details:			
Special Requests (Subject to availability)	<input type="checkbox"/> Single Bed	<input type="checkbox"/> Twin Beds	<input type="checkbox"/> Smoking	<input type="checkbox"/> Non Smoking
Special Requests:				

Reservation will be confirmed on the receipt of full Payment.

3. Payment Details

INFORMATION FOR TELEGRAPHIC TRANSFER

If you are interested to pay your subscription fee via telegraphic transfer, please use one of the following bank account information for this purpose.

Via Wire Transfer / Bank to Bank Transfer

Title of Account:	The ACSE
Full Address:	P.O. Box 127685, Deira, Dubai
Account Number:	2012-777-1165-603
Bank Name:	Habib Bank Limited
Full Address of Bank:	Bur Dubai Branch, P.O. Box 888, Dubai, UAE
SWIFT Code:	HABBAEAD
IBAN:	AE060280020127771165603
Account Type:	Current Account

Note: Please Send Telegraphic Transfer Document via e-mail at accommodation@theacse.com for office record with your registration form.

Hotel Category :	<input type="checkbox"/> Four Star Hotel 250 USD Per Night	<input type="checkbox"/> Five Star Hotel 325 USD Per Night
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Check in Date:	Number of Rooms	Rooms Rate (USD)	Nights Stay	Total Amount
	X	X	=	

Signature:

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