



**DEADLINE FOR RETURNING THE FORM** hotel cut-off date

**NET CONFERENCES AND CONVENTIONS**  
**INT'L PLANTS EXPO MIDDLE EAST**

6<sup>th</sup> – 8<sup>th</sup> March 2007

**HOTEL PACKAGE AND VISA FORM**

*Please complete in block capitals and return this form to Ms. Nour Moukadem - Net Conference and Conventions:*

Phone: +971 4 2662216 Fax: +971 4 2660662 E-mail: thezz-ncc@netgroupdubai.com/nour-ncc@netgroupdubai.com

**IDENTIFICATION:**

Title (Mr. Ms.): \_\_\_\_\_ Family Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Company Name : \_\_\_\_\_ Nationality : \_\_\_\_\_

Postal Code: \_\_\_\_\_ City: \_\_\_\_\_ Country : \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ E-mail: \_\_\_\_\_

**ACCOMPANYING PERSON:**

Title (Mr. Ms.): \_\_\_\_\_ Family Name: \_\_\_\_\_ First Name: \_\_\_\_\_

**TRANSFER (AIRPORT-HOTEL-AIRPORT): Flight Details:**

Arrival date: \_\_\_\_\_ Arrival Airport: \_\_\_\_\_ Time: \_\_\_\_\_ Flight Name & No: \_\_\_\_\_

Departure date: \_\_\_\_\_ Departure to: \_\_\_\_\_ Time: \_\_\_\_\_ Flight Name & No: \_\_\_\_\_

**A Hotel Booking :**

Hotel Name	Package Rate for 2 nights <input type="checkbox"/> Single <input type="checkbox"/> Double US\$ _____	No. of Rooms _____	No. of Extra nights _____	Rate of Extra night US\$ _____	No. of rooms _____	Grand Total US\$ _____

Please complete clearly in block capital.

**B VISA APPLICATION FORM:**

Title(Mr. Ms)	Full Name	Father's Name
Place of Birth		Mother's Name
Date of Birth		Nationality
Passport Number		Place of Issue
Date of Issue		Date of Expiry
Profession		Validity of Passport Minimum 6 Months
Arrival Airport	Arrival Date	Flight Number                      Arrival Time
Departure To	Departure Date	Flight Number                      Departure Time
Company name:		Children accompanying on same passport
Business Address:		
		Address in United Arab Emirates
Tel.		Hotel:
Fax		

**METHOD OF PAYMENT:**

**TOTAL PAYMENT OF (SECTION A+B) DUE IN US\$: \_\_\_\_\_**

**Payment procedure** (please tick appropriate box)

1 -  Bank Draft/transfer: Bank name \_\_\_\_\_ Draft number \_\_\_\_\_

**Please fax a copy of the original Bank Transfer – payable to the below mentioned account number.**

**All the bank charges are to be borne by the client.**

Banker's details:

**Incentive Productions** – National Bank of Dubai, Account number: 0150-542 450.

SWIFT CODE : NBDUAEAD,AL ITTIHAD ROAD BRANCH DUBAI, U.A.E.

**2 -  Credit card Authorization :**

Herewith I authorize Net Tours & Travel Dubai to charge the amount of US\$ \_\_\_\_\_ from my credit card.

Visa     Master Card     Amex    Card No:                     

Card Holder's Name: \_\_\_\_\_

Billing address : \_\_\_\_\_

Expiry Date: \_\_\_\_\_ Date of Signature \_\_\_\_\_ Signature: \_\_\_\_\_

**Credit card payments must be accompanied by a photocopy of the credit card (front and back) along with the signature of the card holder to the fax number above.**