



I- BASIC DATA

FAMILY NAME: _____

FIRST NAME: _____

ROTARY CLUB OF _____

DISTRICT: _____ COUNTRY: _____

ROTARY TITLE: DDG AG PP P IP ROTARIAN
 RID PRID DG PDG _____

E-MAIL: _____

MOBILE: _____

SPOUSE (IF ATTENDING)

FAMILY NAME: _____

FIRST NAME: _____

ROTARY CLUB OF _____

DISTRICT: _____ COUNTRY: _____

ROTARY TITLE: DDG AG PP P IP ROTARIAN
 RID PRID DG PDG _____

GUESTS (IF ATTENDING)

FAMILY NAME	FIRST NAME	Female/Male

II. Hotel Venue

Hilton Habtour Hotel – Standard Room \$200 SINGLE DOUBLE

Hilton Habtour Hotel – Ambassadorial Suite \$450 SINGLE DOUBLE

Arrival Date: _____ Departure Date: _____ Flight Number: _____

III. REGISTRATION FEES AND PAYMENT

POLIO SEMINAR (Sunday September 6, 2015)		NB PERSONS	TOTAL AMOUNT
Seminar Registration, 2 coffee breaks, 1 lunch, 1 gala dinner, transportation from/to airport	200\$		
<u>TOTAL A</u>			

IV- OPTIONAL RESEVATIONS

OPTIONAL			AMOUNT
		NIGHTS	
HILTON HABTOUR HOTEL – STANDARD ROOM	200\$		
HILTON HABTOUR HOTEL – SUITE	450\$		
		PERSONS	
TRANSPORTATION FROM/TO AIRPORT	50\$		
DINNER (Thursday September 3)	75\$		
DINNER (Friday September 4)	75\$		
ROTARY VISIT TO THE NORTH - Transport & Lunch (Saturday September 5)	75\$		
DINNER (Saturday September 5)	75\$		
<u>TOTAL B</u>			
Total Amount (TOTAL A + TOTAL B) =			

Transfer to be made to Account:

Bank: Audi Bank sal
 Branch: Bab Idriss
 City: Beirut
 Country: Lebanon
 Swift code: AUDBLBBX
 Beneficiary: ROTARY ASSOCIATION - LEBANON
 IBAN no.: LB70 0056 0008 4120 0461 0020 0409

Cancellation Refund policy

No refund will be made and no cancellations will be acceptable, Registration forms are transferable. Hotel rooms are limited so “First come first served”.

DATE: / /

SIGNATURE: _____