Appendix C

HOTEL RESERVATION FORM

The 2nd SAFE Workshop in Colombo, Sri Lanka

Please send this form to the Mount Lavinia Hotel no later than Thursday, 4 June 2010.

Mount Lavinia Hotel

100 Hotel Road, Mount Lavinia, Sri Lanka.

Tel: +94-11-271-1711, Fax: +94-11-273-0726/ 273-8228

E-mail: info@mountlaviniahotel.com

Website: http://www.mountlaviniahotel.com

Title: ……. First Name: …….. Last Name: ……...

Company/Organization: ……..

Address: ……City: ……...

Country: ……

Postal Code: ……

Telephone: ……Fax: ……E-mail: ……..

Payment for one night deposit through Credit Card:

☐VISA ☐MasterCard ☐AMEX ☐Others: (name)……

Card Number: ……....……...…….**Expiry (Month)**: ……**(Year)** ……..

- **Credit card information is mandatory and your reservation will not be completed without the information.**

Check-in date ☐ 27 June 2010 ☐Others: _____

Check-out date ☐ 28 June 2010 ☐ 29 June 2010 ☐Others: _____

Total: nights

Arrival flight at Colombo: Flight No.: _____ Arrival Date:_____

Room type: ☐ Single ☐ Double

Room rate: Single: US$ 93 with breakfast

Double: US$ 100 with breakfast

*The amount for VAT, TDL and Service Charge, that represents total of 24.32% (subject to change), are included in the room rates.*Room rates are quoted in US$, yet to be paid in local currency, based on the published exchange rate.

* Participation fee (22 USD per day) will be charged in addition to the room rate only for the two days of workshop.

Special Requests, if any:…….....