

HOTEL BOOKING FORM FOR PLATAFORMA REGIONAL, OVER THE DATES OF March, 16th to 20th, 2009.

Accommodation Arrangements:

OPS/OMS has arranged limited preferential rates for their delegates, as follows per hotel:

HOTEL HOLIDAY INN CITY OF KNOWLEDGE – www.hinnpanama.com

Deluxe accommodation – Single occupancy USD\$155.00
Deluxe accommodation – Double occupancy USD\$195.00

CROWNE PLAZA PANAMA – www.cppanama.com

Deluxe accommodation – Single occupancy USD\$165.00
Deluxe accommodation – Double occupancy USD\$205.00

Rates are per room and per night in USD. Government Hotel 10% Tax is applicable. Breakfast buffet and served dinner is included in rate. Note that check-in is possible as of 1500 hrs and check-out is required by 1200 hrs noon. Arrange directly with the Hotel should your requirements differ.

OPS/OMS has arranged accommodation but spaces are limited and subject to availability for these dates. These rates are available 3 days pre and post the event dates.

How to book:

Fill & signed this completed hotel booking form to Nitzia Carles to: ncarles@bernhotelspanama.com or fax to (507) 214-1003.

Subject to availability your booking will be confirmed. For any queries you may call: (507) 206 – 8888.

How to pay & guarantee your accommodation:

One night of stay will be charged at the moment the reservation is requested, payment needs to be completed by credit card. Modification and cancellation to reservations may be made without penalty up to February 26th, 2009, 5pm ET. There will be a USD50.- for each modification or cancellation to the reservations between February 27th – March 8th, 2009 and USD100.- per each modification or cancellation between March 9th – 12th, 2009.

No changes in the reservations (including early check outs or late arrivals) will be allowed since March 13th, 2009 after the client has checked in. 100% of the original dates will be charged, plus any other additional dates in the event of early arrivals or extended departures.

PLEASE MAKE A RESERVATION AS FOLLOWS:

Hotel Selected: Holiday Inn City of Knowledge Crowne Plaza Panama

First name: _____ Last name: _____

Accompanying person: _____

Address for all correspondence: _____

Telephone: _____ Fax: _____ Email: _____

Single Accommodation room Double Accommodation room

Arrival date: _____ Departure date: _____

My credit card details are (tick appropriate): **Mastercard** **Visa** **Amex** **Diners**

Card number: _____ Expiry date: _____

Name shown on card: _____

Cardholder's billing address: _____

Priority Club Rewards No: _____

DECLARATION OF CONSENT:

I understand and accept the cancellation/modification clauses explained above and authorize the Hotel to charge my credit card if I may incur in penalty.

Signed: _____ Date: _____