



No. ....  
(SABS use only)



## ACCOMMODATION and SOCIAL EVENTS RESERVATION FORM

OIML Meetings - 14–20 October 2006 – Cape Town, South Africa

Delegates are requested to return this form, duly completed, **by 31 August 2006**, to:

CIML Meeting  
Attention: Ronel Pretorius  
Private Bag X191  
0001, PRETORIA  
South Africa  
E-mail: pretorr@sabs.co.za  
Fax: + 27 12 428 6670

***Hotel accommodation can only be guaranteed for reservations received up to 31 August 2006.***

***Please complete a separate form for each Delegate.  
Please print using CAPITAL LETTERS***

Surname (Prof. Dr. Mr. Mrs. Ms).....

First name(s) .....

Your name as you would like it to appear on your name tag

.....

Organization or company.....

Address .....

.....

.....

Country .....

Telephone .....

Fax ..... E-mail .....

Accompanied by (Mr. Mrs. Ms) ..... Surname .....

First name .....

## SOCIAL EVENTS

I intend to participate in the following events:

Date	Event	Cost per person	Code	No. of persons
18 October	Dinner: Castle of Good Hope	No charge	E01	
18 October	Accompanying persons tour – Cape Town and Kirstenbosch	No charge	E02	
19 October	Dinner: Moyo at Spier	No charge	E03	

## HOTEL RESERVATION

Date of arrival ..... Date of departure .....

Please reserve a room for me in the following hotel chosen from the list. (Please indicate the type of room you prefer). Please mark an “X” in the appropriate space in the table.

Hotel	Single		Double		Suite
	Standard	De Luxe	Standard	De Luxe	
The Arabella Sheraton Hotel					
The Holiday Inn Waterfront					
The City Lodge					
Fountains Hotel					

I shall make other arrangements (Tick)

Special requirements .....

**Credit card details: (a credit card number is required to secure your hotel booking\*)**

Master  Visa  American Express  Diners Club

Credit card number..... Expiry date (month/year).....

Card holder's name .....

Signature ..... Date .....

Last 3 digits of number on back of card (if applicable)

.....