Conference on
Ensuring Access To Health For All Women And Newborn -
The Role Of Parliaments
Kampala, 23-25 November 2009

HOTEL RESERVATION FORM
(One per participant)

DELEGATION OF

LAST NAME (MR./Ms.) FIRST NAME ARRIVAL DATE DEPARTURE DATE

Hotel Africana, Kampala

<table>
<thead>
<tr>
<th>EXECUTIVE ROOMS</th>
<th>EXECUTIVE SUITES</th>
<th>APPARTMENTS</th>
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<td>Single US $ 100</td>
<td>Single US $ 250</td>
<td>Single US $ 2500</td>
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<td>Double US $ 120</td>
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FLIGHT INFORMATION

ARRIVAL DATE FLIGHT NUMBER DEPARTURE CITY ARRIVAL TIME

DEPARTURE DATE FLIGHT NUMBER DESTINATION DEPARTURE TIME

TELEPHONE: ____________________________________________
E-MAIL: ____________________________________________
DATE: ____________________
SIGNATURE __________________________________________

Please return this form to:
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Principal Private Secretary/Office of The Deputy Speaker
c/o Parliament of Uganda
P O Box 7178 - Kampala

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