



# AFRICAN REINSURANCE CORPORATION SOCIÉTÉ AFRICAINE DE RÉASSURANCE (AFRICA RE)

**32<sup>ND</sup> ANNUAL ORDINARY MEETING OF THE GENERAL ASSEMBLY  
24 JUNE 2010 – ALGIERS, ALGERIA**

## REGISTRATION FORM

1. SURNAME AND OTHER NAMES.....
2. NATIONALITY:.....
3. COMPANY:.....
4. OFFICIAL TITLE:.....
5. ADDRESS:.....Email:.....
6. TELEPHONE:.....FAX:.....
7. COUNTRY:.....
8. TYPE OF PASSPORT:..... NO:.....
9. ISSUED ON: ..... EXPIRY DATE: .....
10. MEMBER :..... OBSERVER :.....
11. SPOUSE : (IF ACCOMPANIED) SURNAME AND OTHER NAMES.....
12. LANGUAGE : ENGLISH:.....FRENCH : .....
13. ARRIVAL DATE: ..... FLIGHT NO: ..... TIME :.....
14. DATE OF DEPARTURE ..... FLIGHT NO: .....TIME :.....

ACCOMMODATION (mark the appropriate box)

HOTEL	RATE (VAT and Breakfast inclusive)	
	Description	Rate
<b>SHERATON*****</b>	Single <input type="checkbox"/>	<b>US\$ 250</b>
	Double <input type="checkbox"/>	<b>US\$ 290</b>
	Suite Single <input type="checkbox"/>	<b>US\$ 440</b>
	Suite Double <input type="checkbox"/>	<b>US\$ 493</b>
<b>KARMID (Former El Ryadh)****</b>	Single <input type="checkbox"/>	<b>US\$ 83</b>
<b>EL MARS*****</b>	Single <input type="checkbox"/>	<b>US\$ 85</b>

RESERVATION FROM ..... TO .....

DATE:..... SIGNATURE:.....

FOR ONLINE REGISTRATION, PLEASE SEND YOUR COMPLETED FORM TOGETHER WITH A PASSPORT PHOTOGRAPH TO: [reg\\_agm@africa-re.com](mailto:reg_agm@africa-re.com)