

HOTEL RESERVATION FORM CHES 2009

Please complete this form in printed letters and return it to the hotel of your choice,
respecting the indicated deadline.

Hotel Name:

Family Name: Mrs./Mr./Dr.:

First Name:

Organization:

Address:

Town:

Country:

Phone:

Fax:

Email:

The undersignee wishes to book a room:

Date of arrival: Date of departure:

- Single room
- Double/Twin room 1 bed private bathroom
- Quad room 2 beds semiprivate bathroom
- Room category:

I guarantee my reservation with the following credit card:

Visa Master card Diners American Express

Credit card N°: Expiration date: CVC:

Date: **Signature:**

Hotel Confirmation: