

HOTELLSERVICE • HOTEL SERVICE

REGISTRATION FORM

Please complete and return this form I, to secure your accommodation. Hotel assignments are on a first come, first served basis. A written confirmation with cancellation rules will be sent to your given e-mail address.

Family name:		First name:
Company:		Address:
Zip Code:	City:	Country:
Phone:	Cellphone:	Fax:
E-mail:		
Remarks:		

ACCOMMODATION REQUEST

Arrival: _____ 2010 Departure: _____ 2010
(day/month) (day/month)

Room type, number of rooms:

Single:	Double:	Triple:

Preferred hotel or location: _____

2nd choice: _____

3rd choice: _____

Accompanying person, in double /triple room: _____

Please note that a special request is subject to hotel availability and can not be guaranteed!

Please charge my credit card: (We do not accept DINERS)

American Express
 Eurocard/Mastercard
 Visa

Credit card no:

Expire date (m/y):
 /
 Security code:

Date: _____ Cardholders name: _____

Signature (if printed): _____

Please send me an invoice (due date 30 days prior to arrival) *Bank details on your invoice.*

Invoice adress:

Company: _____

Address: _____

Zipcode: _____

City: _____