HOTEL RESERVATION FORM

(fax this form directly to the hotel)

Hotel ....

Fax # ....

Subject: EUROFEL07 - 3rd Annual Workshop

NAME & SURNAME: _____

INSTITUTION: _____

ADDRESS: _____

CITY: _____   STATE/REGION: _____

COUNTRY: _____   ZIP CODE/POSTAL CODE: _____

EMAIL: _____

PHONE: _____   FAX: _____

TYPE OF ROOM:

❑ **SINGLE B&B**   at .... €/day   ❑ **DOUBLE B&B**   at .... €/day

to share with   ....

ARRIVAL DATE: ....   **ARRIVAL TIME:**   ....

DEPARTURE DATE: ....   **NUMBER OF NIGHTS:**   ....

As guarantee, I send my credit card details:

CREDIT CARD TYPE: _____

CREDIT CARD #: _____

EXPIRATION DATE: _____