

Hotel Booking Form
ECCE-11 & SAFECOMP 2002

Title (Mr. Mrs. Dr.)

Name _____ Surname _____

Institution _____

Mailing Business Address _____

Post code / City _____ Country _____

Phone _____ Fax _____

Email _____

Booking Information

Arrival date	
Departure date	
Number of nights	
Number of rooms	
Type of room (Single/Double) Other: (Please specify)	
Cost per night – in EURO (According to conference agreements)	
Total	

Credit Card Information

Credit Card: Visa MasterCard American Express Diners

Card Holder (as displayed in the card): _____

Card Number: _____ Expiry Date: _____

Signature:

Date: