

Hotel Reservation Form - INDIN07 -

Title:

Family Name:

First Name:

Address:

City, Country:

Phone:

Fax:

e-mail:

I firmly reserve as follows:

Name of hotel*:

Arrival Date:

Departure Date:

One Single room EUR*

(per day per person)

One Double room EUR*

(per day per person)

(this rate includes breakfast buffet, taxes and services)

*) as on INDIN07 webpage

Credit card (Visa, Master Card,...):

Credit card Number:

Credit card expiring date:

(Signature)

Please send the completed form via fax to the corresponding hotel. The hotel will return the reservation confirmation to your fax number or e-mail address given above.

Confirmation of the hotel:

(Signature)