

## HOTEL RESERVATION FORM

### 13th MEETING OF THE ESNCH - 5th MEETING OF SINSEC Genova 10-13 May 2008

Please fill in the form below and send it **DIRECTLY TO THE SELECTED HOTEL**  
before **30th March 2008**

HOTEL SELECTED.....

Surname.....Name.....

Address.....Number.....

Country.....City.....

Postal/Zip code.....Province/State.....

Tel\*.....\.....Fax\*.....\.....

Mobile\*.....Email\*.....

Accompanying person Surname ..... Name .....

#### ● Credit card

Please enter your credit card data. They will be used to ensure your Hotel reservation.

VISA  MASTERCARD  CARTASì  AMERICAN EXPRESS

N° .....

Card holder.....Exp. Date.....

Type of ID Document.....N° .....

I authorize the Hotel the debit of €.....Signature.....

Note: Cancellation policy will be agreed with the select Hotel

#### I WOULD LIKE TO BOOK:

Single room €.....x no. of nights..... = € .....

Double room €.....x no. of nights..... = € .....

Triple room €.....x no. of nights..... = € .....

Arrival on ..... Departure on..... Total no. Of nights.....

**Privacy Act** Data collected are used following the Italian legislative decree No.196/2003

I accept 0 Yes 0 No

DATE.....SIGNATURE.....