HOTEL RESERVATION FORM

Please type or print in block letters. Only one participant per form:

FIRST NAME: ________________________________

NAME: ______________________________________

ORGANISATION: ____________________________________

________________________________________________________________________

ADDRESS: __________________________________________

________________________________________________________________________

POST CODE/CITY: ________________ COUNTRY: _______________

TELEPHONE: ______________________ FAX: _______________________

EMAIL: ________________________________________________

Selected Hotel: ____________________ Approx. Arrival Time: ____________

Arrival Date: ______________________ Departure Date: ________________

Please tick:
☒ Single   ☐ Double (1 large bed)  ☐ Twin (2 twin beds)

THIS FORM SHOULD BE RETURNED TO THE SELECTED HOTEL