

Ercim Board of Directors and Working Groups
4-5-6 November 2009, Pisa, Italy

HOTEL RESERVATION FORM
To be sent by fax to the hotel selected

MAILING ADDRESS			
Title	Last Name	First Name	
Organization			
Address			City
Postal Code		Country	
Telephone	Fax	Email	
HOTEL			
Arrival	Day	Approximate time	Other
Departure	Day	Approximate time	Other
Occupancy	Double for single use <input type="checkbox"/>	Double <input type="checkbox"/>	Other
SPECIAL DIETARY REQUIREMENTS			
REMARKS			
CREDIT CARD to guarantee the first night			
Card Holder			
Type of card			
Card Number			
Expiry date			
Signature			